

# RESPONDING TO THE TWO-CHILD NORM:

BARRIERS AND OPPORTUNITIES IN THE CAMPAIGN TO COMBAT  
TARGET-ORIENTED POPULATION POLICIES IN THE POST-ICPD INDIA

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**RESPONDING TO THE TWO-CHILD NORM:  
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CLAIRE B. COLE

A COLLABORATIVE STUDY BY THE  
CENTRE FOR HEALTH AND SOCIAL JUSTICE  
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PROGRAM AT  
THE UNIVERSITY OF WASHINGTON SCHOOL OF PUBLIC HEALTH

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"The myth of overpopulation is destructive because it prevents constructive thinking...Instead of clarifying our understanding of these issues, it obfuscates our vision and limits our ability to see the real problems and find workable solutions... Worst of all, it breeds racism and turns women's bodies into a political battlefield..."

-Betsy Harmann,  
*Reproductive Rights and Wrongs:  
The Global Politics of Population Control*

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## Foreword

The International Conference on Population and Development (ICPD), Cairo, 1994 was a very significant event in the context of development related policy-making in India. For more than thirty years India had been single-mindedly pursuing targets in family planning, which were aimed at controlling its 'population'. The idea that 'population' or more specifically the large number of India's citizens, were the main impediment to India's development had been drilled into the minds of generations of school children till it almost became a 'religious truth'. The Cairo Conference called for a radically different way of looking at 'population'. The word no longer signified the horror of numbers, but a concern for people, for equality, and for human rights. 'Family planning' was no longer to be associated with forced surgery or 'splaying', and it was replaced with a concern for 'reproductive health and rights' where the primary aim was to enable individuals and couples achieve their own intentions and aspirations through information and quality services.

However such radical changes cannot be achieved simply with the flourish of 179 signatures on consensus documents. In India, while the Government of India was quick to announce the 'target-free approach' in family planning, the idea of controlled family size continues to be a tantalizing development solution for politicians, where the onus is clearly shifted on to citizenry, therefore freeing the policy maker of all responsibility. Immediately following Cairo, one minister had released the slogan "One is Fun". Thankfully this idea never caught on as policy. However the "two-child norm" has been seen as a very attractive policy proposition for a long time. Deriving from China's so-called successful one-child policy, this idea has taken firm roots in the administration of many development programmes and entitlements in India, for example, restricting maternity leave and entitlements to two deliveries. The most well known or high-profile restriction has to do with participation in local government elections, especially in rural India, in the 'panchayats', which exists in a number of states. Every now and then the issue keeps cropping up as a development solution, with its latest presence seen in Bihar in 2007 and in Karnataka in 2009.

While Cairo signified a concerted international resistance to coercive population policies, the need to challenge coercive population continues in India. Over the years such resistance has happened sporadically as well as in a unified manner. Three state governments had to repeal their laws pertaining to 2 child norm due to resistance and evidence, which demonstrates that they do not serve the intended purpose, but also pose many other disadvantages. The Centre for Health and Social Justice has been concerned with this issue because it has clear social justice implications. This study was conceived to understand the interplay of ideas, opinions, knowledge and convictions of key stakeholders. It has been skillfully executed by Claire Cole, a graduate student from University of Washington, supported and supervised by the CHSJ team. I hope the findings and insights from this report will be useful for all of us to uphold the spirit of the Cairo consensus and challenge coercive population control policies whenever and wherever they are proposed.

Abhijit Das

## INTRODUCTION & BACKGROUND

The Two-Child Norm is used in India as a tool to stem population growth, and is found in both family planning programs<sup>1</sup> and government policy<sup>2</sup>. In recent years, a growing number of studies documenting the detrimental effects of Two-Child Norm policies have emerged, giving particular attention to the impacts of the policy on village level government representatives of the Panchayati Raj<sup>3</sup>. These studies have documented the adverse impact of the policy on the health and security of families, demonstrating an increased likelihood for fathers to abandon their families as a means to avoid the negative repercussions of the policy,<sup>4</sup> for children born after the birth of a second child to be left undocumented or hidden by their parents<sup>5</sup>, and for parents to resort to female infanticide and sex selective abortions in order to adhere to the policy while still achieving their desired number of sons<sup>6</sup>. Studies documenting such impacts have begun the work to understand the public's experience of the Two-Child Norm, but little analysis exists on policy influencers' perceptions of these policies.

This study seeks to address this gap in data by mapping the positions of key policy influencers in India regarding Two-Child Norm population policies. The study further provides insight into emerging issues in population policy in India, and culminates in a synthesis of opportunities and challenges to efforts to advance health and rights in the face of target-oriented population policies like the Two-Child Norm.

Study findings support the Centre for Health and Social Justice (CHSJ), a health research and advocacy agency based in New Delhi which currently serves as the Secretariat to the National Coalition Against the Two-Child Norm (henceforth, The Coalition). The Coalition is a nationally mobilized health advocacy campaign in India working to advance the health and rights of vulnerable populations adversely effected by target-oriented population

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<sup>1</sup> "National Strategy for Social Marketing." Department of Family Welfare. 2001. Available at: <http://mohfw.nic.in/dofw%20website/draft%20strategy/draft%20frame.htm>. Accessed on March 30, 2009.

<sup>2</sup> *National Population Policy 2000*. New Delhi: Government of India. 2000.

<sup>3</sup> Buch, N. *The Law of Two-Child Norm in Panchayats*. New Delhi: Concept Publishing Company. 2006; 11-37.

<sup>4</sup> Pandey, S, ed. *Coercion Versus Empowerment*. New Delhi: Human Rights Law Network. 2006; 127-140.

<sup>5</sup> *Ibid*, Pandey.

<sup>6</sup> Banthia, JK. "Declining Sex Ratio: A National Emergency." *Coercion Versus Empowerment*. New Delhi: Human Rights Law Network. 2006. 41-50.

policies. Findings will be utilized by CHSJ to create national strategy for The Coalition to combat target-oriented population policies. Ultimately, the findings are intended to inform strategic efforts to refocus government priorities to invest in the health of India's population.

## HISTORICAL OVERVIEW

### Concepts of Overpopulation

The Two-Child Norm policy originates from a rich history of population control efforts and overall concern about the relationship between population growth and resource exhaustion. Thomas Malthus, British social scientist and theorist, first wrote in his 1798 piece, *An Essay on the Principle of Population*:

...The power of population is indefinitely greater than the power in the earth to produce subsistence of man. Population, when unchecked, increases in a geometric ratio. Subsistence increases only in an arithmetic ratio. A slight acquaintance with numbers will show the immensity of the first power in comparison of the second.<sup>7</sup>

Under this scenario, as Mohan Rao discusses, Malthus saw two natural checks to population growth. The first, referred to as "positive checks," were hunger and disease. The second was poverty and the limits it places on a couple's ability to raise a child. Malthus' argument gained relevance in eighteenth century England in relation to the nation's Poor Laws, where Malthus and others argued that a welfare society was harmful to both the working class and the greater population. As Malthus saw it, a welfare state in which government provided the poor and jobless with support services hurt the poor and jobless because they would inevitably only produce more children until their money was spent and poverty again "checked" their reproduction. Additionally, the welfare state was harmful to the greater population because with more people came greater instability as the nation split its financial and natural resources among an ever-increasing number of citizens. As Malthus saw it, the 'deserving' were thus stripped of income and security in order for the government to support the poor.<sup>8</sup> Popular in England, Malthus' theory later reached international audiences when he began teaching British colonists that "alleviating famines in India would

<sup>7</sup> Rao, M. *From Population Control to Reproductive Health: Malthusian Arithmetic*. New Delhi: Sage Publications. 2004. 75-202.

<sup>8</sup> Ibid, Rao. *"From Population Control to Reproductive Health: Malthusian Arithmetic."*

only compound the evils of overpopulation."<sup>9</sup>

Socialist and Marxist theorists, including Engels himself, did their part to provide a counter to Malthus' popular theory. As Engels wrote:

Where has it been proved that productivity of land increased in arithmetical progression? ...The labour power to be employed...increases together with the population; and...there still remains a third element which the economists, however, never consider as important-namely, science, the progress of which is just as limitless and at least as rapid as that of population.

Despite these compelling counterarguments, by 1877, Annie Besant and C.R. Drysdale had begun the Neo-Malthusian League, whose mission was to "agitate for the abolition of all penalties on the public discussion of the population question and to spread among the people by all means a knowledge of the law of population, of its consequences, and its bearing on human conduct and morals."<sup>10</sup> As Neo-Malthusians, activists of the early nineteenth century began to utilize Malthus' original theory in application to new challenges and social and/or political agendas in their contemporary society, aided in part by greater knowledge of birth control technology.<sup>11</sup> At this time the "population question" became intertwined with various political agendas, however counter they may now seem to each other. For example in 1900 Emma Goldman, anarchist and women's rights activist, became involved in the Neo-Malthusian Conference in Paris where she was quoted as having said that women workers should "no longer be a party to the crime of bringing hapless children into the world only to be ground into dust by the wheel of capitalism." Eugenists also began to advocate for population control measures for more obvious, less rights-oriented reasons. In 1956, when eugenics as a movement had become unpopular due to World War II and the atrocities of the Holocaust, the Eugenics Society passed this resolution:

...The Society should pursue eugenic ends by less obvious means, that is by a policy of crypto-eugenics. The Society's activities in crypto-eugenics should be pursued vigorously, and specifically that the Society should increase its monetary support of the Family Planning Association and the International Planned Parenthood Federation.<sup>12</sup>

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<sup>9</sup>Connelly, M. "Population Control in India: Prologue to the Emergency Period." *Population and Development Review*. 2006: 32, 4. 629-667.

<sup>10</sup>Ibid, Rao. "From Population Control to Reproductive Health: Malthusian Arithmetic."

<sup>11</sup>Ibid, Connelly.

<sup>12</sup>Ibid, Rao. Ibid, Rao. "From Population Control to Reproductive Health: Malthusian Arithmetic."

Thus, contraception simultaneously became a tool for women's rights and advancement, even as it was used to thwart the rights and advancement of others.

The "others" being targeted were clearly defined. As Rao points out, Margaret Sanger—who founded International Planned Parenthood Federation (IPPF) in 1952—wrote in 1920 of the importance of "First stop[ing] the multiplication of the unfit," saying that, "This appeared the most important and greatest step towards race betterment."<sup>13</sup> As Connelly further notes, "In the 1920s, when American and British authors began to warn of a 'Rising Tide of Color,' India was once again the most oft-cited example—even though there was not yet any evidence that its population was growing rapidly." One of IPPF's first undertakings in the 1930s was to open clinics in India.<sup>14</sup>

If Western countries and organizations participated predominantly in the international discussion of population control, it was not because Indians were not also considering the question and taking their own sides on the issue. Just as Western eugenicists spoke of the "The Rising Tide of Color" on a global scale, belying their concern for the stability of (white) Western society amidst growing non-white populations, so did concern over status find its place in conversations about population within India. A largely caste-based society, many upper-caste Hindus shared concern over "differential fertility"—that is, higher fertility rates among the often poorer lower-caste Hindus, Muslims, and tribes in comparison to those of upper-caste Hindus. Connelly notes that before Independence, the Congress Party's National Planning Committee issued a report urging the removal of political and social barriers to inter-caste marriage between upper-caste Hindus, so as to maximize upper-caste Hindu reproduction. At the same time, the report advised, the government should target birth control campaigns towards lower-caste Hindus, Muslims, and tribes so as to keep their population low. The goal, the report said, was to "prevent 'the deterioration of the racial makeup.'"<sup>15</sup> While Western entities would become highly involved in the creation and implementation of population control policies in the 1950s and beyond, the initial interest was born out of similar concerns about demographics, poverty, and a shared concern about national development.<sup>16</sup>

<sup>13</sup>Ibid. Rao. Ibid. Rao. "From Population Control to Reproductive Health: Malthusian Arithmetic."

<sup>14</sup>Ibid, Connelly.

<sup>15</sup>Ibid, Connelly.

<sup>16</sup>"Understanding Numbers: Population and Demography." *Understanding Reproductive Health: A Resource Pack*. Brochure Two. Lucknow: Krib Resource Center. Year unknown.

## Politics & Population Policy

International forces outside of India and events and leadership within India combined in the 1950s to bring about the first true population control policies for the country. Amidst growing criticism within the International Planned Parenthood Committee (Sanger's predecessor to IPPF) that Americans were "obsess[ively] attacking population problems, especially those of coloured people," Margaret Sanger held the Committee's next meeting in India in order to allow her critics to hear the request for family planning directly from Indian leaders themselves. It was there that several of her most influential detractors were swayed to throw their weight behind the IPPF campaign and, in the next year, both IPPF and The Population Council were formally launched and began to advocate for countries to sign on to population control agendas. Shortly thereafter, Jawaharlal Nehru, the then Prime Minister of India, announced what would be the first of many Five-Year Plans which included the need for "family limitation.... to promote the health and welfare of the people and development of the national economy."<sup>17</sup>

As international NGOs promoted population reduction from the private sector, so did fear over the spread of communism lead the American public sector to push for Indian population control. American political leaders and influentials took note of Nehru's Five Year Plans in part because of a growing concern over India's large population and proximity to Communist nations-the USSR and Vietnam. The term "Population Bomb" was coined by American Dixie Cup Corporation president Hugh Moore as a means to foment support among American voters for President Johnson's involvement in population policies abroad. Moore said, "[The] Population bomb threatens to create an explosion as disruptive and dangerous as an explosion of the atom, and with as much influence on prospects for progress or disaster, war or peace." It was a powerful metaphor, and would become a useful tool among international and Indian politicians alike in their push for more stringent population policies. In America, though, the tool was specific to anti-Communist agendas. As Moore wrote in a widely distributed pamphlet:

A world of mass starvation in underdeveloped countries will be a world of chaos, riots and war. And a perfect breeding ground for communism... We cannot afford a half dozen Vietnams, or even one more... Our own national interest demands that we go all out to help the under developed countries control their populations.<sup>18</sup>

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<sup>17</sup> Ibid, Connelly.

<sup>18</sup> Ibid, Connelly.

In 1965 President Johnson affirmed this sense of uneasiness over India's population when he took up the agenda of Stephen Enke, an economist who argued that population growth was in opposition to economic development. Enke had recommended that the Ford Foundation pay Indian couples \$250 to agree to sterilization, a notion that shocked the head of Family Planning for the Government of India when the Ford Foundation proposed it in the early 1960s.<sup>19</sup> Despite Indian leaders' resistance to such a payment scheme, Lyndon Johnson affirmed Enke's logic when he told the United Nations in 1965 that "less than five dollars spent on population control was worth a hundred dollars invested in economic growth." As Connelly summarizes, under this logic "preventing births could increase India's per capita GNP by redirecting money spent on the health, education, and welfare of surplus population to more [economically] productive investments, while at the same time reducing the number who would share in the proceeds."<sup>20</sup> Thus in taking up Enke's agenda Johnson affirmed a neo-Malthusian foreign policy that assigned Indian children a negative economic value. The reduction of population to a matter of dollars and cents proved attractive to economists, demographers and developers internationally. It brought about greater support to pressure developing nations to accept population control policies and programs.<sup>21</sup>

The population control agenda became a consistent aspect of Johnson's policies toward developing nations. When Indira Gandhi became prime minister in 1966 amidst a growing Indian famine, Johnson used American food aid as leverage to pressure her to accept U.S. targets for population control policy. As Johnson said to one advisor, the U.S. was not going to "piss away foreign aid in nations where they refuse to deal with their own population problems." World Bank head George Woods echoed these sentiments, stating, "From now on we hinge aid to performance." Despite growing evidence that India's family planning programs were already causing health and human rights issues, international leaders pressed on in their goal to see Indian leaders control their constituents' fertility.<sup>22</sup>

## Indian Population Policies

By 1966, The Indian Central Government and Indian state governments had experimented with population control methods, with varying success at

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<sup>19</sup> Ibid, Connelly.

<sup>20</sup> Ibid, Connelly. Brackets added.

<sup>21</sup> Fairhead, A. Hardy, E. "From birth control to reproductive health." *International Journal of Gynecology & Obstetrics*, 1995: 49, 1; 55-62.

<sup>22</sup> Ibid, Connelly.

assuring quality service delivery. During the Second Five-Year Plan, a total of 675 new clinics were created to provide contraceptives at no cost, with 473 in rural areas and 202 in urban ones. In rural areas, where the vast majority of Indians lived, these new clinics were expected to serve 66,000 community members on average, while staffed with just one worker each. Thus, while planners may have held quality of care as a goal in their population reduction policies, it was far from an attainable reality with the resources made available.<sup>23</sup>

By 1961 and the Third Five-Year Plan, population planners attempted to improve upon past efforts by recognizing the link between population and the status of women, as measured by age at marriage, and women's ability to access education and employment opportunities. The plan stated that "In addition to advice on birth control, the family planning programme should include sex and family life education and advice on such other measures as may... promote welfare of family." Unlike the First and Second plans, the Third Five-Year Plan formally raised the importance of family planning as a chief priority in the nation's development, allocating greater funds for related goals.<sup>24</sup> However some states had already begun cutting corners despite the newly allocated funds. In Kerala for example, physicians received an average of two total days of training before being sent out to perform sterilizations. A high proportion of these patients reported dramatic weight change and pain, with little to no follow up care. On a larger scale, while the Third Five-Year Plan called for the training of 49,000 auxiliary nurse midwives by 1967, only 42,000 professionals had received training by 1966, and even then the training was often incomplete and insufficient to qualify these individuals as trained nurse-midwives.<sup>25</sup>

As the first three Five-Year Plans proved, the focus on targets to meet population goals led to expansion of programs at rates often too high to allow for quality assurance. However the World Bank, UN, and other international entities continued to support numeric targets as a means to reduce poverty. As one World Bank representative said, "No mass program has reached its target without defining it in terms of quotas." The UN similarly counseled that India's goal must be to "avert 40 million births in 10 years." Incentive programs thus became common in Indian government policies and programs in order to increase the number of Indians accepting fertility reduction measures, and please international agency donors.<sup>26</sup>

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<sup>23</sup> Ibid, Connelly.

<sup>24</sup> Ibid, Raina.

<sup>25</sup> Ibid, Connelly.

<sup>26</sup> Ibid, Connelly.

Population planning officials also came to prefer permanent and semi-permanent forms of contraception. By the Third Five-Year Plan, the then-head of the Population Council determined that "the pill was 'birth control for the individual, not birth control for a nation,'" alluding to the pill's dependence on an individual's willingness to use the contraceptive, versus sterilization's permanence regardless of individual behavior. The UN continued support for more permanent forms of contraception, declaring the IUD to be a "breakthrough which should be fully exploited." Thus birth control pills and condoms fell out of favor as tools for large-scale population planning, owing to their inability to prevent pregnancy when the individual was unable or unwilling to use them.

The sense of urgency to control population growth was high among international and Indian agencies alike, and the push toward more permanent forms of contraception found its way into Indian programming as these entities became interwoven. The Population Council played the role of contraceptive advisor to B.L. Raina, Director of Family Planning, for example. And as aid money came to be tied to performance related to population reduction, the World Bank and UN's focus on the IUD found its way directly into Indian programming. IUDs were used for their relatively quick insertion procedure and semi-permanence, and male sterilization was implemented for its time-efficiency and relatively low-level of invasiveness. As early as 1959, Madras had set up payments for patients who agreed to sterilization, as well as incentives for the "motivators" who brought them to the clinic.<sup>27</sup>

By 1966, Indian officials were eager to showcase India's development performance and adherence to targets for population control, in part due to the large percentage of Indian aid that came from USAID, the Rockefeller Foundation, the Ford Foundation, the World Bank, and the UN—all of whom supported target-oriented approaches to population control. Minister of Planning Asoka Mehta reported to President Johnson that, "in 1965 there were more vasectomies than in the preceding years. In five states targets for [IUDs] [have] been reached within five months. Twenty-nine million IUD's [will] be fitted within the next five years." Mehta's words came at a time when American leaders were just beginning to understand the potential harmful effects of these contraceptive methods. Expert studies in Singapore were showing that a higher-than-expected rate of women who accepted IUDs through a Population Council program there were suffering perforated uteruses as a

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<sup>27</sup> Ibid, Connelly.

result. As Singapore women had much more consistent access to quality health care, study investigators noted that they were "sure that there must be many cases of undiagnosed perforations in other [nations'] programs." However aware the Population Council was of the adverse effects of their IUD promotion campaign, they did little to publicize it or advise other leaders against the method.<sup>28</sup>

With monetary incentives, numeric targets, and preference for permanent contraception well established in Indian family planning programming, the coercion that came to be a hallmark of Indira Gandhi's administration was already commonplace by the time of The Emergency in 1975. Amidst national turmoil over Gandhi's right to hold office after accusations of election fraud, Gandhi utilized the Indian Constitution to grant herself greater power and, with the help of the President, implement a state of police rule.<sup>29</sup> During this time census data revealed that, despite Indian leaders' promises to international donors, the population growth rate had continued to climb at a rate of 2.2 percent. In response, Indira and Sanjay Gandhi announced mass sterilization targets in the Fifth Five-Year Plan to bring the country back within its goals.<sup>30</sup> The government established more sterilization camps and introduced monthly quotas for each health district, inadvertently creating incentives for public health workers to target the elderly, infirm, and even children in order to meet their sterilization quotas. Mobile IUD and sterilization units had already been made familiar as a result of international pressure to reach new clients, and the extreme need among many Indians to acquire food and money to sustain their families also disproportionately brought the poor to accept sterilization. As one physician in Bihar stated, "practically all [of my sterilization patients] were [there as a] result of famine-hungry men who needed the twenty-five rupees offered as an incentive."<sup>31</sup> The coercive nature of incentives and targets was well documented by the Fifth Five-Year Plan. The significant difference between The Emergency's population reduction efforts and earlier programs were the intensity with which the government enforced the targets it had come to accept as part of efficient family planning.<sup>32</sup>

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<sup>28</sup> Ibid, Connelly.

<sup>29</sup> Park, R. "Political Crisis in India, 1975." *Asian Survey*. 1975; 15, 11. 996-1013.

<sup>30</sup> Ibid, Connelly.

<sup>31</sup> Ibid, Connelly.

<sup>32</sup> Visaria, L; Acharya A; Raj, F. "Two Child Norm: Victimising the Vulnerable?" *Economic and Political Weekly*. 2006. [Volume unknown.]

## The Two-Child Norm

The Emergency lasted from June 1975 to January 1977, and was a period rife with political unrest, coercion, human rights violations, and prolific adverse health outcomes for the many poor and unwitting who were subject to Indira and Sanjay Gandhi's mass sterilization camps. After The Emergency, when backlash against male sterilization was strong, the focus of family planning programming shifted back to female contraception and sterilization. In part because male sterilization was politically untenable (many accredit Indira Gandhi's assassination and the fall of her administration to the public's ire over The Emergency's coercive male sterilization campaigns)<sup>33</sup> family planning services came to focus on a family welfare framework even as the clinics and bureaucratic offices implementing these programs remained staffed by the same people who had worked in The Emergency and before it. As one reporter recently described the focus, it remained the "old, vexatious divide between people and numbers, between individual lives and targeted lives, between delivering health and selling family planning, now more euphemistically termed as family welfare." Thus, target-oriented family planning remained within the fabric of the Ministry of Health and Family Planning (renamed the Ministry of Health and Family Welfare). For national and state-level health organizations, the goal to control or "stabilize" population growth remained. Under the new agenda for population stabilization, the government's goal was to achieve replacement level fertility—that is, a total fertility rate of 2.1, or a two-child norm.<sup>34</sup>

The first Two-Child Norm policy was recommended by the National Development Council's Committee on Population in 1992 in order to move India towards its goal of replacement level fertility by 2010. At this time Parliament was in the process of creating the Panchayati Raj, a new village-level government structure intended to incorporate rural communities into the greater Government of India.<sup>35</sup> Established through the 73rd Constitutional Amendment, the Panchayati Raj included quotas for the number of seats to be reserved for scheduled castes (Dalits), scheduled tribes (Adivasis), and women. The National Development Council's recommendation anticipated the creation of the Panchayati Raj and

<sup>33</sup> Gwatkin, D. "Political Will and Family Planning: The Implications of India's Emergency Experience." *Population and Development Review*. 1975: 5, 1. 29-59.

<sup>34</sup> *Beyond Numbers: Implications of the Two-Child Norm*. New Delhi: SAMA Resource Group for Women. (No year provided.)

<sup>35</sup> Ruch, N. *The Law of Two Child Norm in Panchayats*. New Delhi: Concept Publishing Company. 2006.

proposed that any representative serving from the Panchayati Raj to the Parliament would lose their seat if they had more than two children while serving in office. Further, any Indian citizen having more than two children after the policy's implementation would be permanently denied the right to contest election. Thus, just as underrepresented Dalits, Adivasis, and women were provided for the first time with support to serve in elected office, so were they given new impediments to winning those seats.<sup>36</sup>

Rajasthan, a northern Indian state bordering Pakistan, was the first to implement this Two-Child Norm policy with the help of the American Futures Group International, a group which would prove successful at spreading the policy to several other northern Indian states. The Rajasthan policy applied only to municipalities and Panchayats, and sought to target rural citizens for promotion of replacement level fertility by encouraging them to adhere to the Two-Child Norm just as their elected officials were forced to do.<sup>37</sup> It was the beginning of the punitive target-oriented policies that would contribute to high rates of female infanticide in rural areas.<sup>38</sup>

Within the next several years, Andhra Pradesh and Madhya Pradesh drafted similar policies to Rajasthan's,<sup>39</sup> and by the year 2000 Himachal Pradesh, Orissa, and Haryana had also implemented Two-Child Norm policies of their own.<sup>40</sup> During this time, the Central Government of India had become signatory to several international conventions including the Programme of Action (Vienna, 1993), the International Conference on Population and Development (Cairo, 1994), and the Fourth World Conference on Women (Beijing, 1995). Of particular interest to the Two-Child Norm, the International Conference on Population and Development (ICPD)-at which India became signatory to its Programme of Action-stressed target-free approaches to population stabilization efforts. The below excerpt demonstrates the Programme of Action's position on coercion and targets in family planning programming:

7.12. The aim of family-planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective methods. ...The principle of informed free

<sup>36</sup> Government of India. "Part IX: The Panchayats 243-C." 73rd Amendment of the Constitution of India. 1992.

<sup>37</sup> Nanda, A.R. *The Two Child Norm: How necessary and how just?* Population Foundation of India. Year unknown.

<sup>38</sup> Ibid, Visaria.

<sup>39</sup> Ibid, Visari.

<sup>40</sup> Ibid, Buch.

choice is essential to the long-term success of family-planning programmes. Any form of coercion has no part to play. In every society there are many social and economic incentives and disincentives that affect individual decisions about childbearing and family size. Over the past century, many Governments have experimented with such schemes, including specific incentives and disincentives, in order to lower or raise fertility. Most such schemes have had only marginal impact on fertility and in some cases have been counterproductive. Governmental goals for family planning should be defined in terms of unmet needs for information and services. Demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients.<sup>41</sup>

Thus while the ICPD affirmed the right of governments to plan for development using demographic goals, target-oriented planning, incentives, disincentives, and coercion were not permissible. However even as the national Government of India signed to this document, the Constitution of India reserved the governance of economic and social planning—including population control and family planning—to the states. The national government's acceptance of ICPD principles had no bearing on the capacity of state governments to utilize targets in their population policies.<sup>42</sup>

In 2000, in part as a response to the Government's signing of the ICPD Programme of Action, the Government of India passed the National Population Policy (NPP). The NPP's stated immediate objective, to "address the unmet needs for contraception, health care infrastructure, and health personnel, and to provide integrated service delivery for basic reproductive and child health care," includes a commitment towards "voluntary and informed choice and consent of citizens while availing reproductive health care services, and continuation of the target-free approach in administering family planning services." The policy's affirmation of target free and voluntary approaches to family planning falls in line with the tenets of the ICPD and addresses the historical precedence of coercion remembered in

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<sup>41</sup> "Reproductive Rights and Reproductive Health," *International Convention on Population and Development Programme of Action*. Chapter VII, Section B, 7.12. United Nations Population Fund. Available at <http://www.unfpa.org/icpd/pd-programme.html>. Accessed on June 20, 2008.

<sup>42</sup> India. Ministry of Law and Justice. *The Constitution of India*. New Delhi: Government of India. 2007.

the Emergency. However, in as much as the policy upholds these principles, it also continues the Two-Child Norm, naming the "small family norm" as one of 14 goals for 2010: to "promote vigorously the small family norms to achieve replacement levels of TFR."<sup>43</sup> As stated earlier, replacement level fertility is achieved when couples limit their number of children to two, thus aligning their reproduction with a 2.1 target for fertility. Thus, the "small family norm" of the NPP is a two-child norm.

Since 2000, eleven total states in India have taken up the Two-Child Norm as policy, expanding it from the Panchayati Raj to various incentive and disincentive schemes. In Andhra Pradesh, gold chains were offered to attract women for sterilization after two children. In Uttar Pradesh, guns have been built into the state population policy as incentive to bring in men for sterilization—"motivators" are awarded a double-barrel gun for bringing in two people for sterilization, a rifle for three, and a revolver for four.<sup>44</sup> As one example of the coercive events that often take place in policies involving incentives, Jagdish Singh, aged 20, was one of five farm workers who were drugged and submitted for sterilization by their employer in 2004. As Mr. Singh told the media, "I was taken to hospital and given a green pill which I was told was to protect against malaria. I don't remember anything else until I woke up the next day in pain. ...My life is over. I have no children. How can I become a man again; everyone knows I have had this done to me?"<sup>45</sup>

## Impacts of the Two-Child Norm Policy

The Two-Child Norm policy's impact on the population of India is a topic of growing interest. As policies change frequently, so do the effects they have on the population. Below are several of the most frequently documented impacts of the policy on the health and rights of the population.

**Women's health and rights.** Under the Two-Child Norm, incentives for permanent and semi-permanent contraceptive procedures have increased. Policy-makers' interest in controlling population growth, whether through

<sup>43</sup> India, Ministry of Health and Family Welfare, *National Population Policy 2000*. New Delhi: Government of India. 2000.

<sup>44</sup> Ibid, *Beyond Numbers: Implications of the Two-Child Norm*.

<sup>45</sup> Ramesh, R. "Workers sterilized in return for guns: Vasectomy is the price of a shotgun license as Indian state tries to reduce population." *The Guardian*. 2004. Made available by *Coercion versus Empowerment*. Ed: Shruti Pandey. New Delhi: Human Rights Law Network. 2006

use of the Two-Child Norm or simply through sterilization and promotion of semi-permanent forms of contraception, increases the likelihood of coercive sterilizations. In some instances, women are not informed when they are sterilized or when they are implanted with contraceptive technologies such as the IUD. In others, women present for sterilization in order to receive the incentive, and are met with medically inadequate and at times fatal sterilization procedures.<sup>46</sup>

**Skewed Sex Ratio.** Female infanticide and sex selective abortions have also increased under the Two-Child Norm. Deeply rooted preference for sons in India, combined with government mandated limits to a family's number of children have resulted in more couples resorting to artificial means to achieve their desired number of sons while adhering to the Two-Child Norm. Female fetuses are aborted often by practitioners using methods unsafe to the woman, when she is unable to access abortion services from credible institutions.<sup>47</sup> This scenario is also relatively common, as abortions are only legal in India for medical reasons as per the Medical Termination of Pregnancy Act (MTPA).<sup>48</sup> When abortion is not an option, recent surveys indicate that some women resort to abandonment of female newborns and, in other instances, female infanticide.<sup>49</sup> The resulting absence of girl children and, later, women of marrying age in many Indian states has led to increased trafficking in women in India, as a disproportionately large male population matures and seeks to marry.<sup>50</sup>

**Family security.** Family abandonment has increased dramatically under the policy as male providers attempt to avoid the policy's ramifications for the birth of a third child. Increasing populations of women and children are left at risk of abject poverty and potentially life threatening instability.<sup>51</sup>

**Democratic participation.** Many impoverished parents lack the ability or desire to stop the coming of a third child due to circumstances of their poverty and inconsistent access to contraceptive and health care services. Many of the families most in need of access to the halls of power are ineligible to contest election or hold government jobs as a result of the Two-

<sup>46</sup> Pandey, S, ed. *Coercion Versus Empowerment*. New Delhi: Human Rights Law Network, 2006.

<sup>47</sup> Ibid, Pandey.

<sup>48</sup> India, Ministry of Health and Family Welfare. *The Medical Termination of Pregnancy Amendment Act*. New Delhi: Government of India, 2002.

<sup>49</sup> Varma, Sudhir. Personal interview. 22 July 2008.

<sup>50</sup> Velankar, Jaya. Personal interview. 5 August 2008.

<sup>51</sup> Ibid, Buch.

Child Norm policy, thus disenfranchising them from their national democracy. For many women elected representatives in the Panchayati Raj, the lack of agency in sexual encounters compounded by a desire to produce sons and thus stand in favor within their families result in their removal from office.<sup>52</sup>

## PROJECT NEED

Many activists concerned about the negative impacts of the Two-Child Norm believe that the policy is likely to expand in coming years, based on continued interest among elected representatives and policy makers in India. CHSJ requested this study in order to assess the views and positions on the Two-Child Norm held by policy influencers in India today. The findings will be used to inform political strategy for CHSJ, which acts as secretariat to The Coalition. The findings are intended for use in their ICPD+15 campaign against the Two-Child Norm policy, which tracks progress toward the objectives of the ICPD Programme of Action and commemorates the fifteenth anniversary of the Government of India signing on to the document. The findings will also be used to inform future efforts to promote health and rights within the context of population control policies, most immediately in the state of Orissa.

## METHODS

A qualitative study was conducted to identify and analyze stakeholder perceptions of the Two-Child Norm policy. I coded and analyzed stakeholder responses, identifying emergent themes and developing the study's hypothesis based on my analysis of interview data.

From June to August 2008, I conducted in-depth interviews with 46 respondents. Each interview lasted approximately 45 to 60 minutes. Interviews were conducted using an interview field guide developed by myself in collaboration with Abhijit Das, Director of CHSJ. Respondents were asked to identify their position on the Two-Child Norm policy, whether they took action to advocate for their position, what strategies they used to advocate for their position, and any opportunities or challenges they anticipate related to advocating for their position. Where clarification was necessary to understand the stakeholder's position or strategies related to the policy, probing questions were used such as asking the respondent to

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<sup>52</sup> Ibid, Pandey.

discuss 1) their priorities for India as a nation, 2) perceived effective methods to advance the nation toward those priority areas, 3) perceived effective methods to advance the development of India as a nation, or 4) the use of incentives and disincentives in population policy. See Appendix A for the full interview field guide.

Study respondents are influential stakeholders from the Government of India, Indian and international non-governmental agencies, and media, academic, demographic and policy research institutions. Stakeholders were identified through a combination of convenience and snowball sampling.

The majority of interviews were conducted in English. In the case of three respondents who did not speak English, interviews were conducted with the aid of an assistant who interpreted stakeholder responses during the interview. All interviews were audio-recorded using a digital recorder. I later transcribed the audio files of interviews conducted in English, and CHSJ translated those interviews conducted in Hindi.

## RESEARCH FINDINGS

Stakeholders from varying levels of policy influence were interviewed regarding their position on the Two-Child Norm, the reason for their position, and how they sought to advocate for their position, if at all. Through the course of these interviews, larger conversations emerged about respondents' perceived direction of India as a nation, of India's health agenda, its human rights agenda, and respondents' underlying priorities to advocate for India based on these perceptions. As a result, the research findings section recognizes two interpenetrating areas of data themes. The first, which details respondents' varying positions on the Two-Child Norm, is titled "Political Mapping & Stakeholder Positions." This section assesses stakeholders' positions on the Two-Child Norm as defined by their stated beliefs and their level of activity advocating for those beliefs. The section details common characteristics among respondents according to their positions on the Two-Child Norm, providing similarities in background among the respondents, and categorizing their perceptions of overpopulation in India- an issue that is central to the Two-Child Norm population policy. This section also provides strategy recommendations based on stakeholder positions, aimed at methods to motivate those respondents' whose support will be important to The Coalition, as well as how to render unmotivated those who stand in opposition to the campaign.

The second portion of the Research Findings, titled "Content Themes

in the Two-Child Norm," focuses on the topics relevant to advocacy and strategy that emerged from analysis of respondent interviews. This section explores the more nuanced issues that emerged from data analysis as relevant to the larger concepts of overpopulation and population policy in India today. Please refer to the Table of Contents for a more detailed guide to the Research Findings section.

## Political Mapping & Stakeholder Positions

Analysis of respondent interviews yielded several themes that, among themselves, can be sorted into overarching "macro" themes. These "macro" themes hinge largely on respondents' political positions on the Two-Child Norm, categorized as "High Opposition" to the Two-Child Norm, "Medium Opposition," "Low Opposition," "Unmobilized," "Low Support," "Medium Support," and "High Support." The section below discusses common characteristics within the stakeholders' political positions, including their views on the issue of overpopulation in India.

### High Opposition

#### Characteristics

Respondents within the high opposition category-characterized by stakeholders who have high interest in the Two-Child Norm as an issue, and who are highly organized in their advocacy against the Two-Child Norm-share three overarching characteristics.

**Local.** Majority of the high opposition respondents are representatives of organizations that focus their efforts on issues specific to India, whether at the state or national level. They are not typically members of organizations with an international focus, though one of them is. While high opposition stakeholders are involved in local level planning and advocacy, a few do receive funding from foundations and donors from countries outside of India.

**Non-profit.** High opposition respondents typically represent organizations that are non-profit, working in the public interest sector through both non-governmental organizations as well as directly through the government. Some high opposition respondents also work through their posts in academia at Indian universities.

**Connected.** Respondents in this category are well networked to the sources of power most relevant to their work. Those in government have been in government for some time and have extensive relationships in that sector; those in NGOs are similarly well connected to other activists in the NGO sector, and at times to government officials and/or elected representatives. Those in academia have made a public name for themselves through their publications, and are active in their everyday work in the academic setting to reach new constituents with their messages against the Two-Child Norm.

## High-Opposition Stakeholders' Perceptions of Overpopulation

**Overpopulation is not a problem.** Many of the high opposition stakeholders voice strong feelings that overpopulation has never been proven to be the primary problem facing India's stability as a country. As one respondent noted, "It has never been proven how many people the world can support." Under this argument, the real issue isn't people, but energy and resource consumption—a problem far less contributed to by the Indian population than it is contributed to by the high energy- and resource-consuming lifestyles of Western populations.

**Overpopulation may have been a problem, but replacement level fertility has been achieved.**

Under this view of the issue—which almost all high opposition respondents agreed with—any growth in the total population that has been documented in the last census is a result of the high proportion of the population that is currently of child-bearing age, referred to as "population momentum." As several respondents put it, "India is a young country" and, with such a large portion of the population at the stage of family-rearing, the total population will continue to increase during this period even as families adhere to replacement level fertility quotas—the implicit goal of the Two-Child Norm. Under this argument, there is no need for population control policies, because the goal of replacement level fertility has

*"Why must India be the only country where the 'mindless' people have to be told to control their population? [Indian families] have shown that they can control their population despite not having anything. They don't need your population policies. **Don't talk of population policies. Talk of policies for the population.**"*

*-Respondent in academia*

already been achieved. The results of the growing acceptance of a small family norm will be reflected in future years, as child-bearing age adults age and the current "bulge" of reproducing couples is thus reduced.

*"...It's reproductive rights, whether they will have one child, no child, ... two children, three children, five children. But we must give all the information [and] access."*

*-NGO representative*

***Even if overpopulation is a problem, every couple should be able to have the number of children they want, when they want them.*** A minority of the high opposition stakeholders held this view, though many agreed with aspects of the argument. This argument holds that the government should not play any role in determining the number of children a couple may have.

## Medium Opposition

### Characteristics

Respondents within the medium opposition category fall into two types of involvement: they are either 1) moderately interested in opposing the Two-Child Norm and indirectly involved in supporting anti-Two-Child Norm advocacy efforts, or 2) highly interested in opposing the Two-Child Norm, but not currently active in any advocacy work against the policy.

Medium opposition respondents vary widely in their organizational profiles and interests. They locate in almost all professional categories of the stakeholders interviewed: from government positions, to academia, NGO, media, civil society, and research institutions. Similarly, they span the spectrum of wealth and poverty in India: one respondent's home includes an office attached to the front foyer and air conditioning in every room. At least two other respondents live at or below the poverty line. While their backgrounds and profiles differ greatly, they share commonalities in the reasons they are less active in opposing the Two-Child Norm than their "high opposition" counterparts.

***Indirect Authority.*** Slightly more than half of the medium opposition respondents share a common characteristic profile of high interest in the Two-Child Norm, but have indirect professional authority to advocate against the Two-Child Norm formally. This indirect association to the issue may be a primary reason for middle opposition respondents' lesser

involvement in advancing their position. Advocates against the Two-Child Norm who wish to increase middle opposition respondents' involvement in their campaign may do well to address

these respondents' indirect relationship to the policy by providing a new, more direct route to the issue—such as through membership with a larger, mobilized campaign. These middle opposition respondents may not be well suited to lead a campaign against the Two-Child Norm, but they could be convinced to become high opposition stakeholders were they able to fit into a larger organized movement. Of further note, while these respondents share a high level of interest in the Two-Child Norm, their reasons for this interest vary widely. Thus, efforts to move these respondents from their position of medium support to high support may be more effective if tailored to each individual's interest in the policy, as

*"And since the Panchayati Raj is a state subject and not a national subject, I'm afraid there's very little I can do."*

*-Elected representative*

well as their specific authority to advocate against it.

*"I mean what were we doing in a campaign like this? Because ... we had connections across the country, we made it an issue. ... But... it was not for an outset like [us] to get involved. We saw the [Two-Child Norm] and got [involved]... but I don't see it happening again. "*

*-NGO representative*

#### **Lack of Connection to Community.**

Several of the middle opposition respondents acknowledged their lack of connection to a larger community of mobilized citizens, a constituent-base that they see as essential to any successful campaign to change policy priorities in India. The perceived

reasons for this lack of connection vary—some see it as a failure of other anti-Two-Child Norm advocates to mobilize constituents; others see it as a result of public agreement with or apathy towards the Two-Child Norm. Either way, these respondents share a sense of frustration at the absence of a mobilized public. Anti-Two-Child Norm advocates who wish to mobilize these medium opposition respondents could benefit their case by offering an organized system by which to mobilize the public, so that these stakeholders know that their work will be supported by a capable grassroots mobilization campaign.

**Desire for Resources, Information, Support.** Though it is not true for all stakeholders within the Medium Opposition category, at least two stakeholders have the potential to have considerable influence on Two-

Child Norm policies, and spoke of a desire to receive more information from an organized campaign as to how they can best be effective toward this goal in their distinct fields. Some requested more training opportunities and/or 1:1 support from CHSJ and The Coalition.

*"It's Worked best when the media and civil society groups have partnered on campaigns. It's not worked in isolation ... **The lesson is that you have to do it in tandem.**"*

*-Elected representative*

### **Medium Opposition Stakeholders' Perceptions of Overpopulation.**

***Overpopulation is beside the point.*** Many respondents in the medium opposition category spoke very little about overpopulation as an issue overall, focusing on rights and health issues almost exclusively in their interviews. For these respondents, their work, attention, and current strategy formulations hinge almost entirely around advancing health and rights. This may be a subtle but valuable distinction from high opposition stakeholders: many of the medium opposition stakeholders speak of their position and their work less as in opposition to the Two-

***"Forget about family planning, I am telling you. Children, they are not fully immunized? 26% only immunized. And only 5% didn't have any immunization.***

***[Majority] were not against immunization programs.-Why they were not fully immunized? Question is this. It is failure of the system... We could not provide services looking to the needs of the client. "***

*- NGO Representative*

Child Norm or population policy, and instead as in support and advancement of health and rights. This may also account for many of these stakeholders' lessened level of action against the Two-Child Norm in comparison to high opposition stakeholders. They identify their work as for health and rights, which is an inherently larger focus area and, as a result, their efforts are more diffuse than those of high opposition stakeholders.

***Overpopulation may be important, but replacement level fertility has been achieved.*** Middle opposition stakeholders who hold this view differ in opinion as to why replacement level fertility has been achieved in India-in that some argue that replacement level fertility has been met due to the success of past government population stabilization programs and/or policies, where others see the shift as a result of a changing market, in which landless laborers no longer benefit from multiple children to help in agricultural work. The factor

of note within this pool of respondents is their recognition that 1) overpopulation is a valid concern for policy makers, and 2) that the primary reason why Two-Child Norm policies are not advisable is not because of their negative health outcomes, but because they are no longer necessary.

***Overpopulation may be important, but population policy will not solve it.*** Indicative of the diverse views within the medium opposition stakeholders, at least two potentially influential respondents in this category reported a perception that while overpopulation is a legitimate concern for India, population policies are an ineffective means by which to combat it. This view on overpopulation appeared throughout respondent categories of opposition, but the view itself in a medium opposition respondent is worthy of remark-particularly as both of these respondents are former supporters of the Two-Child Norm. Perhaps equally important to note: this view validates the perception that overpopulation is an urgent threat to India's stability, even as it asserts that population policy is not the appropriate means by which to address it.

## Low Opposition

### Characteristics

Low opposition stakeholders are characterized by 1) moderate interest in the Two-Child Norm, but ambiguous action to reflect their position on the policy; or 2) clear interest in the Two-Child Norm but

no preferred forum within which to advocate for their position against the policy. These stakeholders represent NGOs and research institutions, but also speak as independent opinion influencers in their own right. A majority of them are members of the mid- to upper-middle class in India, and they come from a variety of interest areas-some directly related to women's health while others focus strictly on development. Still others focus on Dalit and Adivasi rights. Below are their unifying characteristics.

***"[We have] worked with the Government of India ... to focus on quality of care as opposed to just numbers of clients recruited ... so we've done a lot of work particularly on quality of sterilization."***

-NGO representative

***National or International focus.*** None of the low opposition stakeholders hold a state-specific focus on their work in India. While all

of them work on a national level to advance their personal or organizational interests, at least three are also active internationally along similar lines. With one distinct exception, this national-leaning-international focus was evident in their discussion of the Two-Child Norm: they are aware of international opinion on India's population as well as international opinion on India's past experience with coercive population policies. While this commonality does not result in a uniform opinion on the issue of overpopulation among this stakeholder cohort, it may offer useful insight into motivating factors for this constituency.

***Self-reported limited resources and competing priorities.*** Several low opposition stakeholders spoke of their inability to focus concerted effort on combating the Two-Child Norm. Their staff and/or resources were limited, which placed them in the position of being unable to contribute more time or effort to the cause without sacrificing programs that spoke more directly to their respective missions and thus took greater priority. In observation of these stakeholders' organizations and their own comments during interviews, a more complete picture becomes apparent. Three of the stakeholders who spoke of a lack of resources and time also spoke of programmatic priorities that could be interpreted as problematic in relation to the goals of The Coalition. For example, one respondent prioritized efforts to ensure availability of

*"We have a particular mandate and India is such a big quite strategic about where we allocate resources.*

*... We work where we can make the maximum impact and we try not to get into everything."*

*-NGO representative*

safe and quality sterilization procedures over efforts to combat the Two-Child Norm in policy. While perhaps not in direct conflict to the mission of The Coalition, this particular respondent's comment does suggest that her/his organization prioritizes programs concerned with (safely) curbing population growth

over programs concerned with protection or advancement of women's reproductive and sexual health and rights.

***Lack of preferred forum to become involved.*** At least two of the respondents in the low opposition category lack a framework outside of themselves or their organization in which to become more involved in combating the Two-Child Norm. One respondent, who has in the past been a public proponent of the Two-Child Norm, lacks this larger

framework in part because s/he has not traditionally been associated with anti-Two-Child Norm parties. Though s/he did not identify lack of community as a particular point of concern personally, observational data suggest that, were s/he given a framework within which to advocate against the policy, s/he could be influential in support of The Coalition. In contrast, another respondent specifically spoke of her/his regret over lacking a larger support framework in which to work against the Two-Child Norm. This particular respondent even spoke of a sense of exclusion at the hands of other anti-Two-Child Norm activists, including members of The Coalition. Both of these respondents share a similar characteristic of interest to The Coalition: they are high-impact opinion influencers and mobilizers within their respective communities.

***"From allies, from TCN campaign-we have not got any support of any kind. And I'm very clear about it. ... If we are [working against the TCN], we are doing it on our own because we are committed to that."***

- NGO representative

***Interest in the Two-Child Norm as a discrimination issue, not as a health policy issue.*** Several of the grassroots level respondents-either those impacted by the policy in that they lost the right to contest election due to having had a third child, or those concerned about the policy as it effected their local level government-expressed dislike of the Two-Child Norm not because of its impacts on health and rights, but because they deemed it unfairly distributed. These respondents see

***"Who are the people who have limited the size of their family? ... The people who are educated, who are a little well off ... they follow whether government teach them or don't teach them ... hardly matters. They will follow a small family norm. But the people who have not been educated, who are half-fed, who are illiterate, who have no infrastructure available around them..."***

-NGO representative23

the Two-Child Norm as flawed policy because in their estimation, it should be expanded to the highest levels of government if it is to be enforced at the lowest levels of government. While these respondents have been active on the issue through letter-writing campaigns and communication with higher-level state and national representatives, they do not feel that the policy itself is wrong. Rather, they feel that if implemented, it should apply to all members of government. Thus while

active against the Two-Child Norm in the Panchayati Raj, they are not willing to be active against the Two-Child Norm in general.

### **Low Opposition Stakeholders' Perceptions of Overpopulation.**

***Overpopulation is important, but population policy will not stop it.***

Much like medium opposition stakeholders' views, low opposition stakeholders who hold this opinion do not believe that population policies are an effective tool to curb population growth, nor that the policy addresses the cause(s) of overpopulation. A significant difference between low opposition stakeholders who hold this view and medium opposition stakeholders who hold this view is that low opposition stakeholders all

***"... I don't think you can legislate that people cannot have more than two children. It assumes that the only cause of economic backwardness in India is population growth. This isn't reflected in the facts, and it's not true."***

***-Development specialist (no affiliation)***

affirm the belief that overpopulation is a pressing issue in India, and a future challenge for the country. Their interest is in finding an effective means to curb population, though they do not believe that limits on the number of children a family is allowed to have will achieve this goal.

***Overpopulation should be curbed through improved contraceptive services.*** Some low opposition stakeholders state that their chief concern and involvement related to the Two-Child Norm is expansion of contraceptive and sterilization services. While these stakeholders do not explicitly state that they believe that overpopulation is a problem for India, their engagement around the issue in this manner does suggest they believe population should be curbed, if not in policy then by some other means.

***Overpopulation is important and can be curbed through equal access to education.*** Some low opposition respondents believe that overpopulation is an issue that challenges the stability of India as a nation, and that access to quality services beyond health care-such as education and thus jobs, will combat inequality in India and reduce population growth more effectively than a population policy.

## **Unmobilized**

Unmobilized stakeholders are characterized by apathy towards the issue

of the Two-Child Norm or uncertainty as to the significance of the issue's impact on themselves or their community. Further, they are not active to advance or thwart Two-Child Norm policies. Two respondents in this study fit this category, though for strikingly different reasons and, as such, will be discussed separately. The first respondent, who is associated with the activist social communities to which many of the anti-TCN respondents belong, has one characteristic particularly worthy of note. Much like medium and low opposition stakeholders, this unmobilized stakeholder spoke of competing interests. As the respondent put it, "It's a privilege to

***"At some point we need to be concerned about overpopulation but right now it is not my priority. My priority right now is access and anti-discrimination."***

***-NGO representative***

be able to ponder [issues like the Two-Child Norm]...so I can't continuously engage only in this type of work." This quote illustrates the stakeholder's sense that the Two-Child Norm as an issue is not relevant, or at least not immediately relevant, to her/his work. At best, this opinion indicates the unlikelihood of this stakeholder organizing against the Two-Child Norm. At worst, it indicates the stakeholders' susceptibility to pro-Two-Child Norm messages. As this stakeholder later said, "At some point we need to be concerned about overpopulation...but [The Two-Child Norm] is something that... only effects the politicians or those that have political aspirations." Thus, while not currently active for or against the issue, this stakeholder (and perhaps others like her/him) could be swayed to support the policy as a means to "do something," as s/he said, about population growth. Thus, engaging unmobilized stakeholders in an education campaign about the issue could guard against their being easily influenced by false or contradictory messages to those of The Coalition.

The second unmobilized stakeholder has been and continues to be highly influential on issues of family planning and population stabilization, drafting population policies for states throughout India. S/he believes that overpopulation is one of the strongest factors affecting India's instability as a country, and continues to dedicate time and resources to achieving

***"[The Two-Child Norm] is not at all effective. But it's still there in writing so it could be used as a weapon whenever required, so it is like a threat hanging on you."***

***-Policy development specialist***

replacement level fertility rates in high-population states throughout the country. Interestingly, this stakeholder also believes that the Two-Child Norm both as policy and as a campaign is ineffective and, as such, is not active on the issue. Of significance to The

Coalition, this stakeholder also believes that the pursuit of population control and family planning policies at this time is ill-advised, as "the Government of India is more interested in issues of maternal and child health than on population policy." As a result, this stakeholder has begun to pursue other avenues to advance her/his agenda, such as privatized health care, as s/he feels the government cannot provide these services itself. The Coalition may consider reaching out to stakeholders

such as these to advance anti-Two-Child Norm objectives, but may also do well to consider carefully how to involve them, as they are highly influential and clear on their desire to curb population growth. Forming open alliances may help to support their larger pro-population control agendas as much as it helps to combat the single-issue of Two-Child Norm policy.

*"Ok you can inculcate this feeling of the Two-Child Norm into the minds of the government and of the people, but the same thing that has effect in some places has no effect in other places... a mere campaign to promote the Two-Child Norm is not efficient enough to produce any change in behavior. There are other factors that influence behavior that are stronger than these slogans- for instance health care."*

*-Policy development specialist*

## Low Support

This category, like the "Low Opposition" category, is defined as 1) moderate interest in the Two-Child Norm and ambiguous action to reflect the respondent's position on the policy, or 2) clear interest in the policy but no preferred forum to become involved on the issue. Based on these criteria, none of the pro-Two-Child Norm respondents fit the "Low Support" category. All are clear on their position and working to advance it, albeit with differing tactics. As such, there are no "Low Support" respondents to discuss in this section.

## Medium Support

### Characteristics

"Medium Support" respondents are characterized as having 1) moderate interest in the Two-Child Norm and indirect involvement in advancing the policy, or 2) high interest in the Two-Child Norm policy but no involvement in advancing it. Two of the respondents fit this category. Below are their common characteristics.

**Public/Private Partnerships.** With different approaches, both respondents link public and private resources to advance their objectives for population stabilization. One respondent garners the support of private donor companies, matching it with organizational revenue to support her/his work to generate

research and materials to influence elected representatives to act in support of population stabilization goals. The other considers it her/his primary charge to connect government agendas with the manpower, innovation, and resources of the private medical sector to advance population stabilization objectives. Both are adamant that the government cannot achieve population stabilization without the support of the private sector.

**Well-Connected with Potential for High Influence.** Respondents in this category are connected to ample resources and relationships both in the Government of India, private industry, and some international agencies. They are internationally educated, and have respectively held positions in government and the World Health Organization.

**National Focus.** Both of these respondents head organizations whose focus is national in scope. While their work takes different forms—one in research, one in programming—they are in positions to influence and/or advocate for their agendas both in central and state governments across India.

**"Getting a TFR of 2.1 is not going to buy you peace, ...Even if you get it it's going to take that many more years for the actual stabilization to take place. ... It's still going to be followed by a population momentum which you cannot wish away... So with that background you cannot afford to let this remain just a [public] program."**

-NGO representative

**"People who can afford to pay ...would rather go to a private facility... So if that is the case then you have to rope in the private medical sector ... because as of now, they have not really participated in the sterilization programs ...."**

-NGO representative

**Mixed feelings about the Two-Child Norm.** One respondent in the Medium Support category was clear about her/his belief in the efficacy of the Two-Child Norm, while the other stressed that s/he was not associated with the policy, even as s/he stated that her/his primary goal is to achieve population stabilization by creating incentives for families to have no more than two children. This contradiction demonstrates a lack of

uniformity in how policy influencers who support population reduction feel about the Two-Child Norm itself. Even as they take action to promote a two-child norm in fertility, they do not uniformly feel comfortable owning their association Two-Child Norm policies in the public eye, or even for research studies such as this one.

### **Medium Support Stakeholders' Perceptions of Overpopulation.**

***Overpopulation is the primary cause of instability in India, and direct action must be taken to curb it.*** Both

respondents clearly stated their belief that overpopulation was a chief source of concern for the future of India. Interestingly, both expressed their commitment to curbing population growth using rights- and justice-oriented arguments. As one respondent noted, her/his organization's incentive program to

award Rs 7,000 to couples who are sterilized after their second child is a means to women's empowerment and improved health outcomes. As another respondent reflected, s/he has long felt that it is important to include women in outreach for sterilization programs so that women can "have their own procedures and take control of their reproduction." As this respondent saw it, the focus during the 1970s on male sterilization was counter to women's empowerment, because women should have been enabled to control their fertility just as much as their husbands were. This focus on rights and equality for women was consistent for both respondents as they spoke of their efforts to advance policies and programs for population stabilization.

***Incentives are effective, non-coercive tools to address overpopulation.*** Both respondents support the use of incentives, to the extent that one currently employs incentives in her/his contemporary programming, as mentioned above. As the other respondent explained, the discussion about incentives as being coercive is inaccurate.

***"We expect sterilization after the 2nd child after 1 year ... But sterilization not as an end in itself; sterilization as a means to give the woman, if she wants, that right now **to look after her family and not have another unwanted pregnancy.**"***

-NGO representative

***"If...your husband has allowed you to remain without getting pregnant 'til 21 ... we honor you. If you produce a girl baby we'll pay you Rs 7,000 because female foeticide and all those issues are driving the sex ratio down.... **we give them an award in which we say 'We honor you because you have adopted responsible parenthood practices.'**"***

-NGO representative

Incentives are not meant as rewards, but as compensation for lost working hours after the procedure, reimbursing an individual for wages lost during the time required to heal from the sterilization. This respondent also felt that disincentives are often necessary tools as well, such as the Two-Child Norm in the Panchayati Raj. As s/he said, "The local level leaders are the ones who will be role models at the community level and so it is most important for them to be the ones participating in having only two children."

***The Two-Child Norm is effective, and is not coercive.*** In contrast to many anti-Two-Child Norm advocates' arguments that the Two-Child Norm is not necessary or effective, respondents in the Medium Support category were supportive of policies such as the Two-Child Norm in the Panchayati Raj as well as other programs in which role modeling is used to elicit behavior change in terms of the number of children a family has. One respondent argued that recent National Family Health Survey (NFHS) data indicating an increase in Indian families' desire for two children demonstrates the success of the Two-Child Norm policy. When asked whether this NFHS data might also indicate that the punitive aspects of the policy are no longer necessary, s/he concluded that this change was proof of the need for punitive policies to ensure that this trend towards smaller families continues and that, as society conforms to a small family norm, the punitive aspects of the policy will no longer effect individuals because there will be no opportunities to enforce them. As s/he said, "[population] policies are the structure that society needs to move forward in the right direction."

***"India is a strong democracy. Civil society would not stand for a coercive policy. ...Coercion and use of force has fallen out of favor since ICPD. This is not a concern anymore."***

-Research representative

***"All policies begin as involuntary and then become voluntary as people adjust to them. That is how policy works; if a policy does not have enforcement potential, then it is not good policy ...So if at one time there was resistance [to the Two-Child Norm], there is not anymore. Young people want to have only two children now."***

-Research representative

Both respondents were clear about their opposition to the use of coercion to meet population stabilization goals. As they argued, the Two-Child Norm cannot be coercive. As one respondent explained, as a part of India's democratic process, no policy can come to law that is not first vetted by elected representatives and, by

extension, their constituents. Thus, as the Two-Child Norm is a product of the democratic legislative process, it cannot be coercive. Further, as both respondents expressed, coercion in India is no longer possible because the Indian society will not stand for it.

## High Support

### Characteristics

High support respondents are characterized by an uncomplicated belief in the need for population stabilization efforts in India. They are actively working to advance the Two-Child Norm, and share the sentiment that behavior change is essential to reducing fertility rates, and increasing both family planning and use of contraception. Their approaches to achieving these goals are distinct, as are their backgrounds. Below are their common characteristics.

***Middle to Upper Middle Class.*** Both respondents in the High Support category are from the middle to upper class, and have held leading positions in major family planning and health organizations in India.

***Field Experts.*** Both respondents consider themselves experts in their respective fields—one in public health, the other in psychology and marketing.

***Connected to the government.*** Both respondents have held government-appointed positions for national- and state- level health research initiatives that have resulted in public programs and policies.

### High Support Stakeholders' Perceptions of Overpopulation

***Overpopulation is a worsening problem in India.*** High support respondents expressed unwavering conviction that overpopulation is among the pre-eminent challenges facing India. While they take different approaches to addressing this priority—one works through policy, the other through direct delivery of services and public awareness and social marketing campaigns—they

*"We do and we certainly need it:  
this is the need of the  
hour... There should not be  
families with more than two  
children. let me put it that way."*

*-Research representative*

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share a strong interest in reaching across traditional silos of government, NGOs, private sector, and civil society to address the issue.

***The Two-Child Norm is necessary and effective, and should be accompanied by other concerted programs to curb population growth.*** As mentioned above, High Support respondents believe in the efficacy of the Two-Child Norm, but believe that the policy in itself is insufficient to address the larger issue of overpopulation. One respondent feels that the Two-Child Norm must be incorporated into other development efforts. Under this argument, as the government invests in development programming, so should it incorporate the concept of the Two-Child Norm into each of these programs, coordinating population stabilization messages across all efforts.

***"The tragedy with our family planning programming up to this point has been... that we fail to ... elicit effective coordination ...***

*Development is a holistic problem."*

***-Research representative***

***Behavior change is essential to curbing population growth.*** Both respondents support their commitment to the Two-Child Norm with the belief that concerted efforts must be taken to change family planning behavior in India through education and/or social marketing campaigns. As one respondent spoke of the need for research into market barriers to the use of contraceptives, another clarified that education is not enough when it teaches only reading and writing. To her/his thinking, education must include behavior change messages in schools as early as the primary level to enforce the idea of a two-child norm. In her/his own words, "Education means imparting change in behavior so that right practices to lead a better quality of life is achieved." When prompted to discuss the effects that son preference might have on the sex ratio of the population were the two-child norm taught to this extent, s/he expressed that girl children will only be

***"If this policy of having two child norm has to be implemented, it should be implemented in a marketing mode. So that people want it. You don't have to force anything down the throat, you know?"***

***-NGO Representative***

welcome when parents can be assured that they will be cared for in old age even in cases of having only daughters. S/he did not see this issue as a responsibility of family planning or population policy planners. Assessment of stakeholder positions on the Two-Child Norm elicited several crosscutting themes.

## Content Themes in the Two-Child Norm

### Representational Language & Discourse

Since the public outcry over the Gandhi administration's policy of forced sterilizations and, more recently, the Government of India's signing of the ICPD Programme of Action in 1994, public leaders in India have taken steps to inculcate the principles of voluntary involvement, informed consent, and gender equity into national approaches to population planning. This trend is evidenced in the National Population Policy of 2000's call for, "voluntary and informed choice and consent of citizens<sup>53</sup>," and represents a discernable shift in the language used to represent the agenda of government family and population planning. But where the ICPD was meant to codify the practices for family planning and development to bring signatory nations in line with the tenets of human rights, children's rights, and women's sexual and reproductive health and rights, they may also have helped to blur the line between fundamentally rights-oriented health practices and those practices for which population stabilization, and not health, is the primary goal. Important to the work and communication strategies of The Coalition, it is not only the health and human rights side of the debate on the Two-Child Norm that has changed its language to represent itself as in line with the tenets of the ICPD. Just as Anti-Two-Child Norm advocates represent themselves with pro-rights, pro-woman language, so have the advocates of population stabilization, punitive policies, and the Two-Child Norm come to adopt that same language. (Table 1).

This issue is of particular importance to The Coalition, as language defines the campaign and the agenda for which the campaign advocates. While advocates of health and rights may feel they know the distinction between their platform and that of pro-Two-Child Norm stakeholders, that distinction may not be as clear to elected representatives, civil society, or the media.

Analysis of interview data suggests that it is particularly important for the Coalition to be clear about the definitions of each aspect of its agenda versus that of its opposition, since several of the pro-Two-Child Norm respondents say they are in support of a rights-oriented framework even as, in practice, they have their doubts. Below is one such example. (Table 2)

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<sup>53</sup> Ibid, National Population Policy.

Table 1 : Empowerment &amp; The Status of Women

ICPD PRINCIPLES	ANTI-TCN RESPONDENTS	PRO-TCN RESPONDENTS
EMPOWERMENT & THE STATUS OF WOMEN		
"The empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself. ...It is essential for the achievement of sustainable development." <sup>54</sup>	<i>"You have to ensure that people get jobs; you have to ensure that women have education, participate in the workforce, you have to ensure that they have the basic minimum welfare...."</i>	<i>"...Educate them concurrently, nourish them concurrently, economically develop them concurrently, empower them concurrently... only then will development take place."</i>
"Reproductive health eludes many of the world's people because of... inadequate levels of knowledge...inappropriate or poor-quality reproductive health information and services; ... negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives." <sup>55</sup>	<i>"My firm belief is that unless you make enabling culture for women to exercise their own decision-making, nothing [will] happen. "</i>	<i>"When people are poor and poorly nourished, ... socio-economically they are backward ... they just don't know how to plan a family. Ultimately the whole issue is: only one who is empowered can plan his or her family."</i>
	<i>"They need to have complete correct knowledge, sensitively delivered on issues of contraception, on their reproductive rights, on the way to plan their families. But that is not so easily available...And so they have babies not because they want to...but because they ...are not able to access the services which the state should ensure."</i>	<i>"I think women are extremely clever... I have attended a lot of programs that we have done in the villages for young women, ... And they still say you should have come to us earlier and we wouldn't have had so many children. So they didn't want to have so many children. And they had no way out."</i>

<sup>53</sup> Ibid, National Population Policy.

<sup>54</sup> "Report of the International Conference on Population and Development, Cairo, 5-13 September 1994." New York: United Nations, 1995, 22.

<sup>55</sup> "Report of the International Conference on Population and Development, Cairo, 5-13 September 1994." New York: United Nations, 1995, 41.

Table 2 : Informed Consent &amp; The Status of Women

ICPD PRINCIPLES	ANTI-TCN RESPONDENTS	PRO-TCN RESPONDENTS
INFORMED CONSENT & THE IMPORTANCE OF CONTRACEPTIVE OPTIONS		
"To ensure that comprehensive and factual information and a full range of reproductive health-care services, including family planning, are accessible, affordable, acceptable and convenient to all users..." <sup>56</sup>	<i>"Every family can have it's own... Choice. Choice. But we should give the informed choice. It is depends on many a circumstances, socioeconomic and many circumstances..."</i>	<i>"...You have to give people information about [family planning options]. You have to give them choices, you have to give them informed information consent, so that they'll be able to exercise the choice and decide what they want to do..."</i>
	<i>"Another place where we have intervened is to say that this population stabilization ...it's not good for women. It's not good for women who are forcibly coerced into sterilization."</i>	<i>"You should make reproductive rights available, which really means giving a basket of contraceptives and making those easily available as per choice of the man and the woman..."</i>
	<i>"We looked at quality of care and client choice within that. We encouraged government to widen the choice of contraception and quality of ... contraceptive services..."</i>	<i>"The big focus needs to be on access to contraceptives, on ability to access care. This is the issue that needs to be addressed now."</i>
COERCION		
"It also includes [couples' and individuals'] right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents..." <sup>57</sup>	<i>"If they are having five children, now they are having four or three or two, whatever. But there is a trend of having smaller families. But by coercion you cannot make it two."</i>	<i>"Anything forced as far as our organization is concerned is wrong. Ok?"</i>
		<i>"Certainly I agree with the general philosophy that there should be no coercion whatsoever towards family planning or for restricting the number of children you have."</i>

<sup>56</sup> Ibid, "Report of the International Conference on Population and Development."<sup>57</sup> "Report of the International Conference on Population and Development: Cairo, 5-13 September 1994." New York: United Nations. 1995. 40.

**A "Basket of Contraceptive Options."** This phrase, used by at least two of the respondents in this study and referenced by many, appears in the organizational language of various family planning non-profits in India, as well as USAID publications and Indian media coverage of topics relevant to population and family planning. It is important to clarify the meaning of this phrase within the framework of the ICPD, where it denotes respect for a woman's fully informed and empowered decision-making in choosing whether and which contraceptive method she will use. Were a clinic or provider to offer only three contraceptive methods-the condom, the IUD, or sterilization, for example-a woman's decision-making ability would be curtailed, in that she would not be presented with the full range of methods available to her and therefore not be able to make a decision fully based on her needs or the needs of her family. Were she to desire a method which she-and not her partner-could control, she would be led to believe that only

***You should make reproductive rights available, which really means giving a basket of contraceptives and making those easily available as per choice of the man and the woman, This is more easily said than one. Besides, we also know the even if you do get the item, there is a resistance to want to use it continuously*** A large number of them do not even feel the need to be seeking it.

**- Anti-TCN Respondent**

permanent or semi-permanent methods were available to her. In fact the pill, the female condom, and various other methods exist that could meet her needs without leaving her unable to have children for the foreseeable future. In this scenario the woman would have been misled, and possibly even coerced, into choosing a method preferable to her provider, rather than one preferable to her.

Many anti-TCN respondents shared their commitment to offering a "basket of contraceptive options,"

reflecting their presumed belief in the concepts of "Choice" and "Informed Consent" as held in the ICPD Programme of Action. At the same time, these respondents also shared doubts about the plausibility of offering a full range of contraceptive options when speaking of their own practices. As one respondent (highlighted to the right) put it, maintaining a range of contraceptive options in the clinic means increasing the likelihood of unwanted pregnancies, abortions, and related co-morbidities. To her/his mind, upholding the concept of choice and informed consent in the clinic was inextricably linked to increased maternal and child morbidities. As this respondent sees her/himself as a care provider, it is not, then, likely that s/he will actually practice provision of a full range of contraceptive options, even as s/he "believes in a basket of contraceptive [options]."

Concerns as to the ramifications and plausibility of offering a full range of contraceptive options may be sincere on the part of these stakeholders.

Admittedly, stakeholders involved on both sides of the debate shared concern about the ability of service providers to offer consistent services and contraceptive options. As the reader will note below, Anti-TCN and Pro-TCN respondents both believe in the need to increase the availability of contraceptive services and access to quality care. Perhaps this is also an area for growth on the part of The Coalition-to clarify what a range of contraceptive options means explicitly, how often and under what circumstances it should be offered, as well as to troubleshoot ways in which clinics can offer these services so that the potential for morbidities related to unwanted pregnancies are minimized.

The "basket of contraceptive options" is just one of many areas of discourse needing clarification and/or distinction, so that anti-Two-Child Norm advocates and their agendas are clearly discernable in contrast to the agendas of pro-Two-Child Norm parties. Other areas needing further definition and clarity include:

**Incentives and Disincentives.** Stakeholders on both sides of the debate over the Two-Child Norm voiced varying degrees of clarity on the topic of incentives versus disincentives, and whether and when they qualify as coercive. Just as many anti-Two-Child Norm respondents were clear that any form of incentive or disincentive related to family planning was coercive, so were others vociferous about their opposition to coercion even as they expressed support for incentives as an acceptable tool to encourage replacement-level fertility. For example, the same pro-Two-Child Norm stakeholder quoted to the left spoke of her/his disapproval of coercion, and later described a reward program s/he heads whose goal is to promote replacement-level fertility among Below Poverty Line (BPL) families. Her/his organization will offer Rs 5,000 for the first boy child, and Rs 7,000

*"If you let the consumer know... these are the short term problems, these are long term problems. ...And then **the person takes an informed choice.** ...And he does **withdrawal,** ...[But] we know **more effective methods.** So the chances are she'll get pregnant, she'll have an unwanted pregnancy, she'll have to go through abortion which would normally be unsafe ... And if she has an unwanted child, again child mortality and morbidities. **So what are the consequences of an unwanted pregnancy, versus availability of contraceptive with some problems?"***

*-Anti-TCN Respondent*

*"A very substantial part of the country has already attained [replacement level fertility] and without using any umm... you might say draconian measures, any kind of ... **you might say overt incentives or disincentives.**"*

*-Pro-TCN, anti-coercion respondent*

for a girl child. These rewards are offered up to a couple's second child, at which point one of the parents is expected to accept a permanent form of contraception. Perhaps this stakeholder did not realize the potential conflict of interest in creating a monetary reward program targeted at BPL families that

encourages sterilization. Alternatively, perhaps s/he believes physical force or actual payment for sterilization procedures are the only parameters of family planning programming that could qualify as coercive. Whatever the case, policy makers, voters, and elected representatives must understand The Coalition's position on incentives when The Coalition pushes its agenda. Explicit definitions will be necessary to avoid the confusion and/or obfuscation evident in the above example.

Disincentives require a similar amount of clarification. Though considerably fewer stakeholders expressed any doubt as to whether disincentives qualify as coercive, at least two respondents felt that disincentives were a necessary and natural part of any policy, and therefore could not be considered coercive. If these stakeholders harbored any discomfort with the ethical implications of disincentives, it was in an acknowledgment of the discriminatory nature of applying the disincentive only to the Panchayati Raj, and not the Parliament. Whatever the case, The Coalition will prevent any possible confusion as to acceptable family planning policies by clearly defining its position on disincentives and incentives.

***"Do not discourage the government from doing [disincentives] at the grassroots..."***

*If grassroots representatives ... keep a small family, that will motivate...But certainly I agree that disincentives should [also] apply to the Parliament."*

*-Pro-TCN, anti-coercion respondent*

**Coercion.** Beyond incentives and disincentives, analysis of respondent data reveals two new areas related to coercion that may be of interest to health- and rights- advocates. Both hinge around methods to promote behavior change among Indian couples' family planning practices. As one pro-Two-Child Norm respondent noted, "You have to make [contraceptives] a wanted commodity." Using the example of Maggi Noodles, a Nestlé brand of instant noodles, this respondent spoke of the need to increase market

demand for certain high-efficacy contraceptives, as Nestlé did for noodles in India. By creating large-scale advertising campaigns to popularize these contraceptives, s/he felt that programmers could significantly increase use of these family planning methods among the population. While this tactic may be effective, it may also pose ethical issues as far as informed consent and coercion are concerned. The decision as to whether to include noodles in one's diet undoubtedly has less immediate importance than the decision to accept a contraceptive method with the potential to inalterably change an

individual's fertility, as sterilization would. Even if a social marketing campaign promotes contraceptive methods that are 100% free of potential harm, fully informed decision-making may be undermined when marketing of contraceptive brands seeks to drive up popular demand for specific methods over other potentially less invasive and/or expensive options.

***"If you are able to make this into... a marketing issue, then actually you will not force it on anybody. It's like the noodles. Noodles was not [sic] eaten in India at all...Market people wanted to introduce noodles and ... they did a lot of research and they found out what the barriers, and they came up with two minute noodle. ...it was a major marketing success. Now we have to think about, what is it in family planning that's a barrier and what needs to be doing to overcome it? It's like eating Maggi Noodles."***

*-Pro-TCN, anti-coercion respondent*

## Strategies- Successes & Recommendations

### **Anti-Two-Child Norm Respondents**

Respondents who oppose the Two-Child Norm list two common strategies with demonstrated success in advancing their position on the policy. These strategies are listed below.

***"The people-centric advocacy and pressure by the people has created a political environment for removal of the Two-Child Norm."***

*-Anti-TCN respondent*

## Successes

***Community Mobilizing & Civic Action.*** Anti-Two-Child Norm respondents felt strongly that community mobilization was an important and effective tool for yielding positive results in their work against the Two-Child Norm. Whether from grassroots, community-level organizations, legal backgrounds, or international agencies, respondents

across all levels described the leveraging power made possible by large-scale grassroots mobilization as highly valuable to their work. As one stakeholder noted, this strategy extends beyond mobilization of rural, poor areas, and includes the education and engagement of urban, middle and upper class individuals, including students and young professionals who will become opinion-influencers for their social and political circles in the coming years. But, as s/he was also careful to say, communities' agency must be respected in this endeavor. Another

**"The communities are not dead things whom we go and move. ...They make their decisions. You can only ... help or make their life more miserable... depending on the kind of activism you do."**

-Anti-TCN respondent

stakeholder with considerable success in community mobilizing against the Two-Child Norm further noted the importance of assuring that the actions taken through community mobilization campaigns community-led, as opposed to organization-led. As s/he said, the low status of women in India can be reaffirmed by community mobilization campaigns, if community organizers are not intentional about empowering women through their practices. In her/his words: "It is the wise people sitting in Delhi who treat women as a subject and decide how women should be changed or how [their situation] should be changed. And I'm sorry to say, but a large number of NGOs also treat woman as a subject."

It is particularly interesting that, while community mobilizing was the most often cited strategy in removing the Two-Child Norm from Himachal Pradesh, the strategy had its own challenges. As one respondent who participated in the campaign against the Two-Child Norm in the Panchayati Raj noted, s/he was against the Two-Child Norm due to its discriminatory nature only. S/he felt the policy should exist at all levels, not only the Panchayati Raj, in order to be fair. Outside of the Panchayati Raj, s/he felt that the Two-Child Norm should be changed to a One-Child Norm, in order

*"[I recommend networking] between NGOs and people within government who are your allies ... **You see government is not a monolithic structure. Make allies with them. Don't take government as one unit which is for or against.**"*

-Anti-TCN respondent

to more rapidly reduce the population. While s/he had been active in the community mobilization against the policy, s/he did not oppose the policy in any of its other forms, and saw no reason to oppose it on a health or rights basis.

**Government Relationships & Lobbying.** Stakeholders working at

both national and state- levels attributed success in their work against the Two-Child Norm to relationships they cultivated and maintained with elected representatives and bureaucrats at various levels of government. Stakeholders used these relationships to stay abreast of emergent issues and

impending legislation proposals within the government, while gaining leverage in the lobbying of other elected representatives. Many of the respondents who cited this strategy coupled it with the afore mentioned community mobilization strategy, using letter-writing campaigns from their mobilized community members to open constructive dialogue with elected representatives.

**Research.** Several respondents noted the importance of presenting a factual basis for opposing the Two-Child Norm. As one respondent who has had considerable success working with elected representatives noted, it is important to be prepared with data when advocating an anti-Two-Child Norm agenda to policy makers. Another respondent noted the dearth of research on the impacts of the Two-Child Norm to date, stressing the need for scientific, statistically significant study findings to present to the government, the courts, and the media.

## Recommendations

### ***Increased Community Engagement- Where are the Women's Groups?***

Both national and state-level respondents, particularly those from

research and legal organizations, expressed concern regarding the minimal presence of the women's community on the issue of the Two-Child Norm, and felt that efforts to advocate against the policy in other fields were less effective as a result. These respondents felt that the Two-Child Norm would not successfully be abolished without a visible, organized, and active women's movement agitating against the policy.

### ***Proactive Policy Recommendations-- Create Options, not just Opposition.***

A few respondents noted the need for a proactive platform and/or policy

*"...Prepare the case ...with all the facts and figures. What is happening, ... and what are the advantages and disadvantages, implications, etc. ... **We did a study and we brought up all those cases. It made a difference.**"*

*-Anti-TCN respondent*

*"Women's groups ...talk about many other issues concerning human rights, but... **reproduction is never talked about by many of the women's groups ....**"*

*-Anti-TCN Respondent*

recommendations if the movement against the Two-Child Norm is to be effective. As a part of this recommendation, stakeholders felt that the Coalition will need to answer concerns about overpopulation that exist within the government in order to gain credibility and enable elected representatives to fully sign on to the Coalition's agenda.

### ***Community Needs Assessment Approach to Population Health Planning.***

Several respondents suggested a need to encourage the government to utilize a community need-based assessment in determining which policies and programs they will pursue in their efforts to promote population and family planning. These respondents felt that, with this methodology in place, the Two-Child Norm might be avoided as a health-centered assessment of need would not likely yield recommendations for punitive policy.

***"Suggest the alternatives. Don't simply criticize that this is bad. Yes, this is bad. But tell how he or she can improve."***

*-Anti-TCN Respondent*

### **Pro-Two-Child Norm Respondents**

Advocates of the Two-Child Norm reflected on their successful strategies to advance the policy both at national- and state-levels, as well as methods to advance the norm outside of policy. Their recommendations are below.

## **Successes**

***Government Relationships, Research & Lobbying.*** Majority of pro-Two-Child Norm respondents cited strong relationships with elected representatives, either as consultants to government commissions, as trusted research resources, or as members of the government bureaucracy prior to their current work. These relationships often directly affected their ability to translate their agendas into policy and/or programs.

***International Involvement.*** Many pro-Two-Child Norm respondents noted international and U.S. agencies' historical support of their efforts, whether through financial contributions or staff and technical support. Others noted their skepticism that international funding would continue to the same degree in the future. This view was expressed during the American president George W.

***"So, now some funding through MacArthur to come through. But most international donors have dried of funding on family planning." [sic]***

*-Pro-TCN respondent*

Bush's term, when funding for family planning programs was particularly low. These data do not reflect any changes that may have taken place in U.S. funding guidelines as a result of the recent election of pro-choice President Barack Obama.

**Social Marketing.** As mentioned earlier, at least two respondents attributed their success in advancing the Two-Child Norm to social marketing, in which the concept of "hum do hamare do," meaning "We two; our two," is expanded to include advocacy for specific contraceptive methods.

## Recommendations

Many of the pro-Two-Child Norm stakeholders did not report strategy recommendations related to advancing Two-Child Norm policies, in part because a majority of them felt that the government is no longer interested in population stabilization programs or policies. As such, they are pursuing other avenues outside of policy.

**Increase contraceptive service delivery.** Several pro-Two-Child Norm respondents who serve as planners for health service provision and/or as reproductive health services administrators noted the opportunity to promote the Two-Child Norm as doctors and facility workers visit with clinic clients.

**Expanded Social Marketing.** Several respondents hoped to expand Two-Child Norm advocacy efforts into larger-scale social marketing and advertising campaigns, as well as in primary education and through role modeling programs in which couples who uphold the Two-Child Norm are publicly recognized by their elected representatives or some other prominent community leader.

**Expanded public/private partnerships, particularly in hospital-based reproductive care.** At least two Pro-Two-Child Norm respondents noted the need to coordinate public and private resources to maximize potential programmatic impact in achieving replacement level fertility. The respondents would use these partnerships differently—one proposes using private sector resources and

*"From the programmatic perspective of government ability to deliver ... **The government is not in a position to provide health services today in this country. ...At this stage what we are focusing on is public/private partnerships.**"*

*-Pro-TCN respondent*

knowledge to plan programs that promote population stabilization standards, where the other would use them specifically to bring more rural and BPL families into private hospitals, where reproductive health and contraceptive services would be provided at low- to no-cost.

## Strategies- Failures & Perceived Errors

### Anti-Two-Child Norm Respondents

Policy influencers against the Two-Child Norm shared several opinions about their colleagues' strategies to combat the Two-Child Norm, including reflections on what others should do differently.

***Avoid the Courts, but Start Collecting Cases for the Future.*** While some respondents voiced an interest in pursuing legal action to abolish the Two-Child Norm, a significant number of other respondents felt that legal action was not a wise approach at this time. In particular, these respondents expressed that if any legal action should be taken, it should be to document and maintain contact with women who have experienced negative health outcomes or coercion as a result of programs like Janani Suraksha Yojana (a national program to increase hospital deliveries) or the National Maternity Benefit Scheme (a national nutrition scheme). While the courts may not be amenable at present to arguments against the Two-Child Norm, cases of coercion or extreme negative health impacts at the hands of government programming may be useful in the future.

*"There's something happening to our whole NGO movement on health and so on. There's a co-option taking place. There's money coming in, they're meeting with ministers, they're going all over the place and traveling. But the grassroots connections have become weak ... Where is the movement of women, mobilized from rural areas...?"*

*-Anti-TCN Respondent*

***(More) Community Mobilizing & Civic Action.*** As mentioned above, several respondents expressed a frustration at a perceived lack of engagement by women's groups and community organizers around this issue. Further, some voiced a concern that health and rights advocates had become too focused on government and ministry relationships. As one respondent put it, "You are overrating the impact of policy."

### Pro-Two-Child Norm Respondents

***International Involvement.*** At least two respondents expressed a need for

Indian elected representatives and leaders to reject international guidelines for family planning and maternal and child health programs, as they felt these guidelines changed too often and were not specific to the needs of India.

**Policy advocacy.** A majority of Pro-Two-Child Norm respondents spoke at length about the reticence of government elected representatives to support family planning efforts, and felt that policy advocacy was no longer a fruitful approach to advancing the Two-Child Norm. This response is discussed in greater detail below.

## Family Planning & Population Stabilization- The Shape of Things To Come

A significant number of respondents from both sides of the debate over the Two-Child Norm voiced a concern that the Two-Child Norm, and even population and family planning in general, were no longer a focus of the government. The majority of these stakeholders are pro-Two-Child Norm, pro-population stabilization, and pro-

population policy, who interact frequently with government representatives in order to advance their work in support of population stabilization programs and policies. Thus, their comments carry considerable weight. Indeed, as one Anti-Two-Child Norm stakeholder familiar with the decisions of the courts shared, "The Two-Child Norm is effectively dead." Her/his reasons for this opinion, as well as Pro-Two-Child Norm respondents' reasons for this opinion, are of value to the National Campaign Against the Two-Child Norm.

***"The politicians are afraid to address this problem. ... They may personally say ... 'family planning is very important', but they are unwilling to commit themselves on any family planning because they think they may lose their fans."***

*-Pro-TCN respondent  
(Pro-TCN)*

***"Government had no strategy to deal with these women activists. So they had a fear ...I mean they are not doing anything now. By blaming to those women's groups and saying they don't want to take any action-it looks really ridiculous."***

*-Pro-TCN respondent*

While population stabilization messages continue to prevail in the media, advocates of family planning programs report a reticence on the part of previously supportive elected representatives to hear arguments in favor of family planning. Respondents in service delivery, research, and policy advocacy all reported an inability to advance their agendas with

government representatives at this time. Thus, it would appear that the landscape in which population planning occurs in India is changing and, as a result, so are advocates of population stabilization. As pro-population stabilization respondents expressed regret at the unfavorable reception they have had to appeals for further national family planning goals, so did they note their changing tactics and strategies. Where many are no longer pursuing policies to reduce population growth, they are exploring private sector options via service delivery, marketing, and appeals to private international parties. As a result, it may be necessary for The Coalition to monitor new developments in population stabilization advocacy, and remain prepared to

***"[The government has] lost interest at the moment so the Two Child is effectively dead.***

*There are some attempts in some states to deny the third child a ration card for subsidized food but..."*

**-Anti-TCN respondent**

shift focus to areas outside of policy.

Anti-Two-Child Norm advocates appear to have been successful at bringing elected representatives to reconsider their support of the policy, but new challenges may arise as pro-population stabilization advocates identify new means to advance their goals.

## Unexpected Allies/ Potential for Collaboration

Stakeholder interviews reveal that The Coalition has a wide range of potential allies in the effort to ban this policy. The following is an analysis of these options, including potential benefits and drawbacks.

***Supporters of Quality Health Services & Improvement of Health Care Delivery.*** Several stakeholders from both sides of the debate over the Two-Child Norm voiced a shared, strong conviction that a fundamental issue for India politically, socially, and from a population health perspective is the state of the Indian health care infrastructure. Anti-Two-Child Norm advocates may have reason to reach out to these influencers in order to advance the health and rights of the population. Careful consideration should be given to the potential drawbacks of such a collaboration, particularly if collaboration would give new credibility to family

***"That is the need of the hour in the country, there is no doubt about it. They have to sanitize the services; they have to ensure quality of services, openness, honesty in pricing. That is one of the critical areas that government has to look into..."***

**-NGO representative  
(Pro-TCN)**

planning/population stabilization advocates whose agendas have recently fallen out of favor with elected representatives.

***Non-traditional Anti-TCN Policy Influencers.*** At least three respondents who expressed opposition to the Two-Child Norm are new to this opinion, and were previously involved in the creation of population stabilization policies like the Two-Child Norm. Two of these respondents expressed a ostensibly genuine interest in collaborating with the more traditional health and rights advocates who populate the opposition to the Two-Child Norm. While these stakeholders do share concern about overpopulation in India, they do not believe that punitive policies will achieve positive outcomes. Further, they are committed to investment in quality health care and believe this should be the chief priority of the government.

## DISCUSSION

### Expressing the Policy Agenda

Language used to represent family planning and population stabilization efforts has changed significantly since the time of The Emergency, when coercion was a common practice. The rights-oriented framework put forth by the ICPD's Programme of Action is currently reflected in the language used by both anti-Two-Child Norm and pro-Two-Child Norm advocates, creating a challenge for health and rights advocates who seek to differentiate themselves from supporters of target-oriented population policies. As the data reflects, a platform that is against coercion and for informed consent, quality care, and contraceptive options is not sufficient to differentiate the anti-Two-Child Norm agenda from pro-Two-Child Norm agendas. The Coalition will need to strategize how it will act and speak so as to clearly indicate the full breadth of its mission and policy objectives, and differentiate itself from its opponents. Further research is necessary to fully capture the areas in which policy makers harbor confusion as to the difference between anti- and pro-Two-Child Norm agendas. However, one opportunity to create greater clarity is to articulate the Coalition's ultimate goal: the health and human rights of Indians. If adopted, this long-term vision can be used to positively frame the Coalition's work while simultaneously stressing a key difference between itself and pro-Two-Child Norm advocates, who ultimately prioritize control of fertility over the health of the population when they support target-oriented population policies.

### Coalition Strategies: The Courts vs. The Community

The majority of anti-Two-Child Norm respondents, none of whom operate in the legal arena, cite legal advocacy as a necessary strategy to combat Two-Child Norm policies. Their recommendations are in direct contradiction to the recommendations of respondents from legal and policy backgrounds—who represent an admittedly smaller proportion of anti-Two-Child Norm respondents, but who advise strongly against legal action at this time. Instead, respondents from legal backgrounds request greater community mobilization in order to influence the popular opinion in India, which they feel may in turn influence judicial decisions should a case be brought forth in the future. The Coalition can capitalize on its members' desire for legal action while addressing the requests of its supporters from

legal backgrounds by organizing members to identify and document cases of human rights violations that have taken place in context of Two-Child Norm policies and programs. In this way, members who wish to see legal strategies as a part of the Coalition's work can help to make such strategies possible in the future, while continuing to engage and organize their communities as legal respondents recommend.

## **Two-Child Norm Advocacy Outside of Policy**

The majority of respondents who currently advocate for Two-Child Norm policies and other population stabilization efforts report that they are no longer able to advocate successfully for their agendas within the government. As a result, many are turning to programmatic strategies to pursue their goals-creating their own contraceptive service delivery programs, or privatized health care schemes so that the government may contract with private industry for provision of care to the public. In these instances, it may become more difficult to track rights violations and other negative effects of target-oriented population planning. Thus, the Coalition may need to strategize ways to track target-oriented population stabilization efforts that occur outside of the policy arena as well as within it. While anti-Two-Child Norm advocates' efforts have been effective at reducing the government's support for population policies, this success may not be sufficient to stop the harmful effects of target-oriented programmatic efforts. As one member of the Coalition put it, "The tiger is wounded, but the battle is not yet won."

## **Utilizing Stakeholders and Coalition Members**

The question of "underlying agendas" was a crosscutting theme in my analysis of respondent interviews. Specifically, the differing and not infrequently similar views of pro-Two-Child Norm respondents and anti-Two-Child Norm respondents gave cause for consideration. The Coalition may benefit from collaboration with policy influencers who believe in population stabilization but who do not believe in the efficacy of the Two-Child Norm in order to maximize the public profile of the campaign's allies against this policy. Alternatively, if the Coalition's priority lies beyond abolition of the Two-Child Norm policy, in deeper issues of equal access to quality health services and self-determination in matters of fertility and reproduction, then collaboration with such stakeholders may harm the Coalition in the long term. The difference is significant between policies

and programs that prioritize a couple's health and those that prioritize curbing a couple's fertility. The Coalition may benefit from clearly stated guidelines and conversations with its members as to their commitments and long-term priorities related to the Two-Child Norm and the overall population of India so that it may be clear as to the strength and direction of its membership.

## STUDY LIMITATIONS

***Limited government respondent sample size.*** Interviews for the study were conducted during the month of July and early August, when votes on the Nuclear Deal with the U.S., and a trust vote for the standing administration came in close succession. Both votes were highly contentious, and directed elected representatives and many bureaucrats' attention to core functions of their office. As a result, many of the elected representatives and bureaucrats invited to participate in the study either cancelled their interviews or did not respond to invitations. The pool of government respondents was small, and was also skewed toward opposition to the Two-Child Norm policy, which may not be an accurate representation of the positions held by other government stakeholders.

***Limited pro-Two-Child Norm respondent pool.*** As identification of potential study respondents was based on a convenience method, and as the immediate contacts of CHSJ are often health and rights advocates, the resulting pool of study respondents held more anti-Two-Child Norm stakeholders than pro-Two-Child Norm. This skew was further exacerbated when respondents who had previously been known supporters of the Two-Child Norm revealed themselves in interviews to have recently changed their position on the issue.

***Short Interview Length and Study Timeline.*** In-depth interviews with respondents typically lasted from 45 minutes to one hour. The timeline for this study was also restricted by the University of Washington's academic calendar, which required project completion by June 2009, and thus did not leave time to revisit stakeholders. As such, assessment of stakeholder positions in this study have not been conveyed to the study respondents for verification, and the resulting hypotheses herein have not been tested against the study population. If this study is to continue, I recommend revisiting of stakeholders and testing of these hypotheses to bring the project fully in line with the tenets of Grounded Theory for qualitative data analysis.

**Personal background.** My professional background is in public health practice and advocacy for women's health and rights. As such, I am inclined to prioritize the health and human rights of the population.

## CONCLUSION & REFLECTION

The findings presented in this report provide support to CHSJ and The Coalition, to aid in their work to advocate for the health and rights of Indians amidst target-oriented population policies like the Two-Child Norm. While the study was originally intended to focus specifically on the Two-Child Norm policies within the Panchayati Raj, the scope of the project quickly grew to encompass the greater landscape of target-oriented population policies. As such, the findings of this report are applicable to advocacy work beyond the Panchayati Raj as well as within it.

This project, jointly sponsored by CHSJ and the University of Washington, successfully explored the positions of 46 stakeholders with the power to influence policy in India. It established important dialogue and relationships that may lead to greater collaborative opportunities for the Coalition, and provides analysis that reaches beyond stakeholder positions on this policy to assess emergent opportunities and challenges relevant to the Two-Child Norm and other target-oriented population planning efforts. In this way, the study provides a useful platform upon which the Coalition and future advocates may build strategy and conduct further research.

The project also experienced challenges that provide learning opportunities for myself and potentially for future collaborations between CHSJ and the University of Washington. The study could potentially have reached a greater and more diverse pool of respondents were it set up to identify and invite stakeholders to participate in the project prior to the two months in which I conducted my research in India. In this way, I could have spent a greater portion of my two months in India actually conducting interviews, having identified and researched my stakeholders before arrival.

Overall, the experience working on this project was rewarding and formative for my own goals as a public health researcher and advocate. I am pleased that the project will enable the Coalition to advance the health and rights of Indians related to target-oriented population policies, most immediately through a campaign beginning in Orissa to remove the Two-Child Norm policy there, and in CHSJ's work to commemorate the 15-year anniversary of India's signing on to the ICPD Programme of Action. I look forward to contributing to the Coalition's goals in the future.

## Bibliography

1. Ali, A. "Population: Myths and Facts." Pandey, S; Das, A; Shrivanti, R; Rani B. *Coercion Versus Empowerment*. New Delhi: Human Rights Law Network. 2006. 3-9.
2. Banthia, JK. "Declining Sex Ratio: A National Emergency." *Coercion Versus Empowerment*. New Delhi: Human Rights Law Network. 2006. 41-50.
3. Batliwala, S; Sen, G. "Empowering Women for Reproductive Rights." *Women's Empowerment and Demographic Processing: Moving Beyond Cairo*. London: Oxford. 2000. 15-36.
4. *Beyond Numbers: Implications of the Two-Child Norm*. New Delhi: SAMA Resource Group for Women. (No year provided.)
5. Boland, R; Rao, S; Zeidenstein, G. "Honoring Human Rights in Population Policies: From Declaration to Action." *Population Policies Reconsidered: Health, Empowerment, and Rights*. Boston: Harvard School of Public Health. 1994. 89-106.
6. Buch, N. *The Law of Two Child Norm in Panchayats*. New Delhi: Concept Publishing Company. 2006.
7. Buch, N. "The Law of the Two Child Norm in Panchayats." *Coercion versus Empowerment*. 2006. 21- 34.
8. Connelly, M. "Population Control in India: Prologue to the Emergency Period." *Population and Development Review*. 2006: 32, 4. 629-667.
9. Das, A. "The Current Policy Scenario in India." *Towards Comprehensive Women's Health Programmes and Policy*. Gujarat: SAHAJ. 2002. 205- 230
10. *Debate on Two-Child Norm in the Parliament on 18.03.2006*. Government of India. Accessed on June 30, 2008.
11. Faundes, A; Hardy, E. "From birth control to reproductive health." *International Journal of Gynecology & Obstetrics*. 1995: 49, 1; 55-62.
12. Garcia-Moreno, C; Claro, A. "Challenges from the Women's Movement: Women's Rights versus Population Control." *Population Policies Reconsidered: Health, Empowerment, and Rights*. Boston: Harvard School of Public Health 1994. 47-62.
13. Gautum, S. "Himachal Pradesh." *Coercion Versus Empowerment*. New Delhi: Human Rights Law Network. 2006. 76-77.
14. Germain, A; Nowrojee, S; Pyne, H. "Setting a New Agenda: Sexual and Reproductive Health and Rights." *Population Policies Reconsidered: Health, Empowerment, and Rights*. Boston: Harvard School of Public Health. 1994. 27-46.
15. Gonsalves, C. "Two boy norm: state governments poised to blunder." *Coercion*

- Versus Empowerment*. New Delhi: Human Rights Law Network. 2006. 18-20.
16. Gupta, C. "Census and Fundamentalism." *Coercion Versus Empowerment*. New Delhi: Human Rights Law Network. 2006. 10-11.
  17. Gupta, M. "Declining Sex Ratio, Two-Child Norm and Women's Status." *Coercion Versus Empowerment*. New Delhi: Human Rights Law Network. 2006. 51-58.
  18. Gupta, P. "Rajasthan." *Coercion Versus Empowerment*. New Delhi: Human Rights Law Network. 2006. 100-106.
  19. Gwatkin, D. "Political Will and Family Planning: The Implications of India's Emergency Experience." *Population and Development Review*. 1975; 5, 1. 29-59.
  20. Harmann, B. *Reproductive Rights and Wrongs: The Global Politics of Population Control and Contraceptive Choice*. New York: Harper & Row. 1995.
  21. Hodges, S. *Reproductive Health in India: History, Politics, Contraversies*. New Delhi: Orient Longman. 2005.
  22. India. Ministry of Health and Family Welfare. *The Medical Termination of Pregnancy Amendment Act*. New Delhi: Government of India. 2002.
  23. India. Ministry of Health and Family Welfare. *India National Family Health Survey: 2005-2006*. New Delhi: Government of India. 2006.
  24. India. Ministry of Health and Family Welfare. *National Population Policy 2000*. New Delhi: Government of India. 2000.
  25. India. Ministry of Law and Justice. *The Constitution of India*. New Delhi: Government of India. 2007.
  26. India. National Commission on Population. *Report of the Working Group on Strategies to Address Unmet Needs*. 2000.
  27. Jejeebhoy, S. "Women's Autonomy in Rural India: It's Dimensions, Determinants, and the Influence of Context." *Women's Empowerment and Demographic Processes*. New York: Oxford University Press. 2000. 204-238.
  28. Mathur, SC. *Public Health in Rajasthan*. Jaipur: State Institute of Health & Family Welfare. 2007.
  29. Murthy, N; Ramachandar, L; Pellto, P. "Dismantling India's Contraceptive Target System: An Overview and Three Case Studies." *Responding to Cairo: Case Studies of Changing practice in reproductive health and family planning*. New York: Population Council. 2002: 25- 57.
  30. Nanda, AR. "Population Policy: An Overview." *Coercion Versus Empowerment*. New Delhi: Human Rights Law Network. 2006. 12-16.
  31. Panandiker, VA; Bishnoi, RN; Sharma, OP. *Family Planning Under The Emergency: Policy Implications of Incentives and Disincentives*. New Delhi: Centre for Policy Research and Family Planning. 1978.

32. Pandey, S, ed. *Coercion Versus Empowerment*. New Delhi: Human Rights Law Network. 2006.
33. Presser, H; Sen, G. "Women's Empowerment and Demographic Processes Laying a Groundwork." *Women's Empowerment and Demographic Processes*. New York: Oxford University Press. 2000. 3-14.
34. *Programme of Action on the International Convention on Population Development*. United Nations Population Fund. Accessed on: June 27, 2008. Available at: [http://www.unfpa.org/icpd/icpd\\_poa.htm#ch5](http://www.unfpa.org/icpd/icpd_poa.htm#ch5).
35. Qadeer, I. "Impact of Structural Adjustment Programs on Concepts in Public Health." *Public Health and the Poverty Reforms: The South Asian Predicament*. 2001. 117-136.
36. Qadeer, I. "Women's Health Policies and Programmes: A Critical Review." *Towards Comprehensive Women's Health Programmes and Policy*. Gujarat: SAHAJ. 2002. 231-260.
37. Raina, B.L. *Population Policy*. New Delhi: B.R. Publishing Corporation. 1988.
38. Ramesh, R. "Workers sterilized in return for guns: Vasectomy is the price of a shotgun license as Indian state tries to reduce population." *The Guardian*. 2004. Made available by *Coercion versus Empowerment*. Ed: Shruti Pandey. New Delhi: Human Rights Law Network. 2006.
39. Rao, M. *From Population Control to Reproductive Health: Malthusian Arithmetic*. New Delhi: SAGE. 2004.
40. Srinivasan, K. *Regulating Reproduction in India's Population: Efforts, Results, and Recommendations*. New Delhi: SAGE. 1995.
41. Wadhya, C; Saxena, B; Sharma, O. *Population Stabilization Through District Action Plans: Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh*. New Delhi: APH Publishing Corp. 2003.





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